

1,998 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	1,415	36,550	\$ 564,512.99	\$ 15.44	18.293	\$	398.95	\$ 282.54
@PHYSICIANS SERVICES	249	584	\$ 10,435.73	\$ 17.87	.292	\$	41.91	\$ 5.22
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	1	1	1,005.21	1005.21	.001		1005.21	.50
PRINCIPAL SURGEON	1	1	1,005.21	1005.21	.001		1005.21	.50
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	248	583	9,430.52	16.18	.292		38.03	4.72
@PHARMACY	1,264	20,674	\$ 369,180.85	\$ 17.86	10.347	\$	292.07	\$ 184.78
PRESCRIPTION DRUGS	1,246	4,309	353,975.06	82.15	2.157		284.09	177.16
SNF/ICF	7	36	1,639.90	45.55	.018		234.27	.82
OUTPATIENTS	1,242	4,273	352,335.16	82.46	2.139		283.68	176.34
MEDICAL SUPPLIES	172	16,365	15,205.79	.93	8.191		88.41	7.61
@DENTIST	41	136	\$ 7,309.00	\$ 53.74	.068	\$	178.27	\$ 3.66
VISITS - DIAGNOSTIC	20	70	849.00	12.13	.035		42.45	.42
ORAL SURGERY	8	24	1,008.00	42.00	.012		126.00	.50
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	5	5	710.00	142.00	.003		142.00	.36
ENDODONTICS	1	1	330.00	330.00	.001		330.00	.17
RESTORATIVE DENTISTRY	8	12	871.00	72.58	.006		108.88	.44
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	12	24	3,541.00	147.54	.012		295.08	1.77
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	2	0	.00	.00	.000		.00	.00

1,998 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	32	79	\$ 1,576.20	\$ 19.95	.040	\$ 49.26	\$ .79
DIAGNOSTIC AND ANC. PROCED	2	2	67.45	33.73	.001	33.73	.03
EYE APPLIANCES	22	68	1,150.62	16.92	.034	52.30	.58
OTHER OPTOMETRIC SERVICES	9	9	358.13	39.79	.005	39.79	.18
@CHIROPRACTOR	1	2	\$ 23.74	\$ 11.87	.001	\$ 23.74	\$ .01
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	2	23.74	11.87	.001	23.74	.01
@PODIATRIST	40	48	\$ 438.72	\$ 9.14	.024	\$ 10.97	\$ .22
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	40	48	438.72	9.14	.024	10.97	.22
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	2	18	\$ 195.71	\$ 10.87	.009	\$ 97.86	\$ .10
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	284	1,593	\$ 72,937.59	\$ 45.79	.797	\$ 256.82	\$ 36.51
HOSP INPATIENT TOTAL	32	121	56,304.63	465.33	.061	1759.52	28.18
HSC HOSPITALS	1	0	39.32	.00	.000	39.32	.02
NON-HSC HOSPITAL TOTAL	5	32	36,218.66	1131.83	.016	7243.73	18.13
ACCOMMODATIONS	5	32	13,790.81	430.96	.016	2758.16	6.90
ADMINISTRATIVE DAYS	1	2	456.77	228.39	.001	456.77	.23
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	30	13,334.04	444.47	.015	2666.81	6.67
ANCILLARIES	4	0	22,427.85	.00	.000	5606.96	11.23
INPATIENT CROSSOVERS	26	89	20,046.65	225.24	.045	771.03	10.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	265	1,472	16,632.96	11.30	.737	62.77	8.32
MEDICAL	1	2	139.24	69.62	.001	139.24	.07
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	13	129.19	9.94	.007	64.60	.06
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	263	1,457	16,364.53	11.23	.729	62.22	8.19
@COUNTY HOSPITAL TOTAL	1	0	\$ 39.32	\$ .00	.000	\$ 39.32	\$ .02
CO HOSPITAL INPATIENT TOTAL	1	0	39.32	.00	.000	39.32	.02
HSC HOSPITALS	1	0	39.32	.00	.000	39.32	.02
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	283	1,593	\$	72,898.27	\$ 45.76	.797	\$ 257.59	\$ 36.49
COMM HOSP INPATIENT TOTAL	31	121		56,265.31	465.00	.061	1815.01	28.16
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	5	32		36,218.66	1131.83	.016	7243.73	18.13
ACCOMMODATIONS	5	32		13,790.81	430.96	.016	2758.16	6.90
ADMINISTRATIVE DAYS	1	2		456.77	228.39	.001	456.77	.23
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	30		13,334.04	444.47	.015	2666.81	6.67
ANCILLARIES	4	0		22,427.85	.00	.000	5606.96	11.23
INPATIENT CROSSOVERS	26	89		20,046.65	225.24	.045	771.03	10.03
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	265	1,472		16,632.96	11.30	.737	62.77	8.32
MEDICAL	1	2		139.24	69.62	.001	139.24	.07
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	13		129.19	9.94	.007	64.60	.06
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	263	1,457		16,364.53	11.23	.729	62.22	8.19
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	8	180	\$	23,138.34	\$ 128.55	.090	\$ 2892.29	\$ 11.58
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	8	180		23,138.34	128.55	.090	2892.29	11.58
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	21	32	\$	13,986.09	\$ 437.07	.016	\$ 666.00	\$ 7.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	21	32		13,986.09	437.07	.016	666.00	7.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	2	\$	17.81	\$ 8.91	.001	\$ 8.91	\$ .01
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	2	2		17.81	8.91	.001	8.91	.01
@ORGANIZED OUTPATIENT CLINIC	198	334	\$	17,902.59	\$ 53.60	.167	\$ 90.42	\$ 8.96
CLINIC	3	4		60.50	15.13	.002	20.17	.03
SURGICENTER	7	16		1,438.89	89.93	.008	205.56	.72
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	190	314		16,403.20	52.24	.157	86.33	8.21

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - AGED

AID CODE 10

PAGE 1,604 01/29/04

1,998 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	196	12,868	\$ 47,370.62	\$ 3.68	6.440	\$ 241.69	\$ 23.71
DURABLE MED. EQUIP.	6	15	6,818.44	454.56	.008	1136.41	3.41
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	9	12	2,668.67	222.39	.006	296.52	1.34
MEDICAL TRANSPORTATION	37	11,573	28,620.44	2.47	5.792	773.53	14.32
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	25	11,286	27,689.64	2.45	5.649	1107.59	13.86

OTHER SERVICES	13	287	930.80	3.24	.144	71.60	.47
ACUPUNCTURE	2	8	129.76	16.22	.004	64.88	.06
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	33	72	1,041.70	14.47	.036	31.57	.52
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	6	147.74	24.62	.003	49.25	.07
PROSTHETICS	3	6	147.74	24.62	.003	49.25	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	742.29	247.43	.002	742.29	.37
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	121	1,179	7,201.58	6.11	.590	59.52	3.60
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	608	3,507	73,273.88	20.89	1.755	120.52	36.67

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,605
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND	AID CODE 20	

187 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	152	11,929	\$ 174,894.77	\$ 14.66	63.791	\$ 1150.62	\$ 935.27
@PHYSICIANS SERVICES	46	120	\$ 5,115.97	\$ 42.63	.642	\$ 111.22	\$ 27.36
OUTPATIENT VISITS	26	35	1,652.38	47.21	.187	63.55	8.84
OFFICE VISITS	17	19	719.60	37.87	.102	42.33	3.85
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	7	516.97	73.85	.037	129.24	2.76
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	9	415.81	46.20	.048	51.98	2.22
INPATIENT VISITS	3	30	1,988.44	66.28	.160	662.81	10.63
HOSPITAL VISITS	3	28	1,537.32	54.90	.150	512.44	8.22
CRITICAL CARE	1	2	451.12	225.56	.011	451.12	2.41
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	94.73	31.58	.016	31.58	.51
EXAMINATIONS	3	3	94.73	31.58	.016	31.58	.51
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	358.88	358.88	.005	358.88	1.92
PRINCIPAL SURGEON	1	1	358.88	358.88	.005	358.88	1.92
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	7	161.40	23.06	.037	161.40	.86
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	161.40	23.06	.037	161.40	.86
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	5	32.90	6.58	.027	10.97	.18
RADIOLOGY	6	16	328.10	20.51	.086	54.68	1.75
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	18	23		499.14	21.70	.123	27.73	2.67
@PHARMACY	131	3,008	\$	67,323.89	\$ 22.38	16.086	\$ 513.92	\$ 360.02
PRESCRIPTION DRUGS	131	585		62,816.84	107.38	3.128	479.52	335.92
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	131	585		62,816.84	107.38	3.128	479.52	335.92
MEDICAL SUPPLIES	20	2,423		4,507.05	1.86	12.957	225.35	24.10
@DENTIST	11	62	\$	2,001.00	\$ 32.27	.332	\$ 181.91	\$ 10.70
VISITS - DIAGNOSTIC	6	41		444.00	10.83	.219	74.00	2.37
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	3	4		718.00	179.50	.021	239.33	3.84
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	10		509.00	50.90	.053	84.83	2.72
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	3	7	330.00	47.14	.037	110.00	1.76
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,606  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - BLIND      AID CODE 20

187 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	8	\$ 159.31	\$ 19.91	.043	\$ 53.10	\$ .85
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.005	47.45	.25
EYE APPLIANCES	3	7	111.86	15.98	.037	37.29	.60
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	6	\$ 8.25	\$ 1.38	.032	\$ 2.75	\$ .04
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	6	8.25	1.38	.032	2.75	.04
@HOME HEALTH AGENCY	11	1,585	\$ 46,775.23	\$ 29.51	8.476	\$ 4252.29	\$ 250.13
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	36	186	\$ 39,336.25	\$ 211.49	.995	\$ 1092.67	\$ 210.35
HOSP INPATIENT TOTAL	3	34	36,064.00	1060.71	.182	12021.33	192.86
HSC HOSPITALS	2	30	35,224.00	1174.13	.160	17612.00	188.36
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	4	840.00	210.00	.021	840.00	4.49
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	33	152	3,272.25	21.53	.813	99.16	17.50
MEDICAL	3	6	113.29	18.88	.032	37.76	.61
SURGERY	1	1	69.11	69.11	.005	69.11	.37
PATHOLOGY	12	58	604.51	10.42	.310	50.38	3.23
RADIOLOGY	7	10	714.38	71.44	.053	102.05	3.82
ROOM USE	20	24	823.48	34.31	.128	41.17	4.40
CROSSOVERS/ALL OTH OUTPTNT	14	53	947.48	17.88	.283	67.68	5.07
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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COLUSA COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - BLIND      AID CODE 20

187 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	36	186	\$ 39,336.25	\$ 211.49	.995	\$ 1092.67	\$ 210.35
COMM HOSP INPATIENT TOTAL	3	34	36,064.00	1060.71	.182	12021.33	192.86
HSC HOSPITALS	2	30	35,224.00	1174.13	.160	17612.00	188.36
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	4	840.00	210.00	.021	840.00	4.49
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	33	152	3,272.25	21.53	.813	99.16	17.50
MEDICAL	3	6	113.29	18.88	.032	37.76	.61
SURGERY	1	1	69.11	69.11	.005	69.11	.37
PATHOLOGY	12	58	604.51	10.42	.310	50.38	3.23
RADIOLOGY	7	10	714.38	71.44	.053	102.05	3.82
ROOM USE	20	24	823.48	34.31	.128	41.17	4.40
CROSSOVERS/ALL OTH OUTPTNT	14	53	947.48	17.88	.283	67.68	5.07
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	8	36	\$ 402.67	\$ 11.19	.193	\$ 50.33	\$ 2.15
PATHOLOGY	8	36	402.67	11.19	.193	50.33	2.15
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	27	43	\$ 3,675.76	\$ 85.48	.230	\$ 136.14	\$ 19.66
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	27	43	3,675.76	85.48	.230	136.14	19.66

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COLUSA COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - BLIND      AID CODE 20

187 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	15	6,875	\$ 10,096.44	\$ 1.47	36.765	\$ 53.99
DURABLE MED. EQUIP.	4	8	2,891.51	361.44	.043	15.46
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	2	28	226.71	8.10	.150	1.21
AMBULANCES/AIR TRANS	2	28	226.71	8.10	.150	1.21
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	3	5	63.98	12.80	.027	.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	3	6,828	6,844.83	1.00	36.513	36.60
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	4	6	69.41	11.57	.032	.37
@CALIF. CHILDREN SERVICES*	10	256	\$ 47,578.31	\$ 185.85	1.369	\$ 254.43
@XOVER EXCLUDING STATE HOSP**	22	68	\$ 1,545.17	\$ 22.72	.364	\$ 8.26

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,609  
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COLUSA COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - DISABLED      AID CODE 60

4,648 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,789	125,705	\$ 2,737,163.83	\$ 21.77	27.045	\$ 588.89
@PHYSICIANS SERVICES	970	3,735	\$ 127,589.49	\$ 34.16	.804	\$ 27.45
OUTPATIENT VISITS	409	627	23,617.74	37.67	.135	5.08
OFFICE VISITS	324	472	15,672.84	33.21	.102	3.37
HOME VISITS	13	16	646.60	40.41	.003	.14
EMERGENCY ROOM	66	101	6,063.40	60.03	.022	1.30
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.000	.03
OTHER OUTPATIENT	34	37	1,108.59	29.96	.008	.24
INPATIENT VISITS	58	506	25,145.20	49.69	.109	5.41
HOSPITAL VISITS	54	433	17,173.18	39.66	.093	3.69
CRITICAL CARE	14	67	7,817.62	116.68	.014	1.68
SNF/ICF/TRANS IP CARE	3	6	154.40	25.73	.001	.03
OPHTHALMOLOGICAL SERVICES	23	24	1,077.12	44.88	.005	.23
EXAMINATIONS	23	24	1,077.12	44.88	.005	.23
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	27	168	10,417.33	62.01	.036	2.24
PRINCIPAL SURGEON	18	31	7,706.10	248.58	.007	1.66

ASSISTANT SURGEON	1	1	121.61	121.61	.000	121.61	.03
ANESTHESIOLOGIST	11	136	2,589.62	19.04	.029	235.42	.56
OUTPATIENT SURGERY	80	240	19,713.08	82.14	.052	246.41	4.24
PRINCIPAL SURGEON	68	90	16,264.95	180.72	.019	239.19	3.50
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	20	150	3,448.13	22.99	.032	172.41	.74
DIALYSIS	25	238	6,871.69	28.87	.051	274.87	1.48
PATHOLOGY	47	105	2,121.52	20.20	.023	45.14	.46
RADIOLOGY	171	334	14,196.63	42.50	.072	83.02	3.05
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	19	141	2,574.56	18.26	.030	135.50	.55
OTHER SERVICES/ALL X-OVERS	471	1,352	21,854.62	16.16	.291	46.40	4.70
@PHARMACY	3,243	28,527	\$ 1,403,089.41	\$ 49.18	6.137	\$ 432.65	\$ 301.87
PRESCRIPTION DRUGS	3,222	14,483	1,371,242.50	94.68	3.116	425.59	295.02
SNF/ICF	33	292	16,302.22	55.83	.063	494.01	3.51
OUTPATIENTS	3,193	14,191	1,354,940.28	95.48	3.053	424.35	291.51
MEDICAL SUPPLIES	312	14,044	31,846.91	2.27	3.022	102.07	6.85
@DENTIST	112	651	\$ 21,526.00	\$ 33.07	.140	\$ 192.20	\$ 4.63
VISITS - DIAGNOSTIC	74	424	4,742.00	11.18	.091	64.08	1.02
ORAL SURGERY	17	57	3,270.00	57.37	.012	192.35	.70
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.02
PERIODONTICS	12	13	1,864.00	143.38	.003	155.33	.40
ENDODONTICS	3	4	1,205.00	301.25	.001	401.67	.26
RESTORATIVE DENTISTRY	34	100	4,966.00	49.66	.022	146.06	1.07
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	16	37	4,236.00	114.49	.008	264.75	.91
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	48.00	48.00	.000	48.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	5	8	1,065.00	133.13	.002	213.00	.23
ALL OTHER SERVICES	4	5	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024  
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

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01/29/04

4,648 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	91	242	\$	5,016.56	\$ 20.73	.052	\$ 55.13	\$ 1.08
DIAGNOSTIC AND ANC. PROCED	33	33		1,476.82	44.75	.007	44.75	.32
EYE APPLIANCES	69	196		3,211.30	16.38	.042	46.54	.69
OTHER OPTOMETRIC SERVICES	10	13		328.44	25.26	.003	32.84	.07
@CHIROPRACTOR	6	9	\$	132.04	\$ 14.67	.002	\$ 22.01	\$ .03
VISITS	3	4		66.88	16.72	.001	22.29	.01
OTHER SERVICES	3	5		65.16	13.03	.001	21.72	.01
@PODIATRIST	35	48	\$	684.01	\$ 14.25	.010	\$ 19.54	\$ .15
MEDICINE/INJECTIONS	2	3		123.40	41.13	.001	61.70	.03
SURGERY/ANES.	5	5		65.00	13.00	.001	13.00	.01
RADIO./PATHOLOGY	1	2		34.60	17.30	.000	34.60	.01
OTHER	28	38		461.01	12.13	.008	16.46	.10
@HOME HEALTH AGENCY	35	361	\$	18,834.91	\$ 52.17	.078	\$ 538.14	\$ 4.05
NURSE ANESTHESIST	15	71	\$	1,237.68	\$ 17.43	.015	\$ 82.51	\$ .27
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	1	1	\$	208.49	208.49	.000	208.49	.04
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1,104	5,531	\$	623,999.39	\$ 112.82	1.190	\$ 565.22	\$ 134.25
HOSP INPATIENT TOTAL	90	468		522,819.89	1117.14	.101	5809.11	112.48
HSC HOSPITALS	16	194		218,275.00	1125.13	.042	13642.19	46.96
NON-HSC HOSPITAL TOTAL	45	135		276,691.97	2049.57	.029	6148.71	59.53
ACCOMMODATIONS	45	135		68,885.75	510.26	.029	1530.79	14.82

ADMINISTRATIVE DAYS	2	11	2,326.72	211.52	.002	1163.36	.50
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	43	124	66,559.03	536.77	.027	1547.88	14.32
ANCILLARIES	44	0	207,806.22	.00	.000	4722.87	44.71
INPATIENT CROSSOVERS	32	139	27,852.92	200.38	.030	870.40	5.99
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,056	5,063	101,179.50	19.98	1.089	95.81	21.77
MEDICAL	155	263	10,090.31	38.37	.057	65.10	2.17
SURGERY	61	65	3,749.53	57.69	.014	61.47	.81
PATHOLOGY	368	1,384	15,249.73	11.02	.298	41.44	3.28
RADIOLOGY	230	352	19,313.19	54.87	.076	83.97	4.16
ROOM USE	333	486	21,248.52	43.72	.105	63.81	4.57
CROSSOVERS/ALL OTH OUTPTNT	615	2,513	31,528.22	12.55	.541	51.27	6.78
@COUNTY HOSPITAL TOTAL	3	24	\$ 1,018.13	\$ 42.42	.005	\$ 339.38	\$ .22
CO HOSPITAL INPATIENT TOTAL	1	18	840.00	46.67	.004	840.00	.18
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	18	840.00	46.67	.004	840.00	.18
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	6	178.13	29.69	.001	89.07	.04
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	6	178.13	29.69	.001	89.07	.04

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

AID CODE 60

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4,648 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,102	5,507	\$ 622,981.26	\$ 113.13	1.185	\$ 565.32	\$ 134.03
COMM HOSP INPATIENT TOTAL	89	450	521,979.89	1159.96	.097	5864.94	112.30
HSC HOSPITALS	16	194	218,275.00	1125.13	.042	13642.19	46.96
NON-HSC HOSPITALS TOTAL	45	135	276,691.97	2049.57	.029	6148.71	59.53
ACCOMMODATIONS	45	135	68,885.75	510.26	.029	1530.79	14.82
ADMINISTRATIVE DAYS	2	11	2,326.72	211.52	.002	1163.36	.50
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	43	124	66,559.03	536.77	.027	1547.88	14.32
ANCILLARIES	44	0	207,806.22	.00	.000	4722.87	44.71
INPATIENT CROSSOVERS	31	121	27,012.92	223.25	.026	871.38	5.81
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,055	5,057	101,001.37	19.97	1.088	95.74	21.73
MEDICAL	155	263	10,090.31	38.37	.057	65.10	2.17
SURGERY	61	65	3,749.53	57.69	.014	61.47	.81
PATHOLOGY	368	1,384	15,249.73	11.02	.298	41.44	3.28
RADIOLOGY	230	352	19,313.19	54.87	.076	83.97	4.16
ROOM USE	333	486	21,248.52	43.72	.105	63.81	4.57
CROSSOVERS/ALL OTH OUTPTNT	614	2,507	31,350.09	12.51	.539	51.06	6.74
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	23	664	\$ 91,167.37	\$ 137.30	.143	\$ 3963.80	\$ 19.61
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	23	664	91,167.37	137.30	.143	3963.80	19.61
@INTERMEDIATE CARE FACIL.-DD	13	366	\$ 54,594.22	\$ 149.16	.079	\$ 4199.56	\$ 11.75
ICF DDH	13	366	54,594.22	149.16	.079	4199.56	11.75
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	67	2,082	\$ 70,926.01	\$ 34.07	.448	\$ 1058.60	\$ 15.26
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	67	2,082	70,926.01	34.07	.448	1058.60	15.26
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	194	734	\$ 11,245.44	\$ 15.32	.158	\$ 57.97	\$ 2.42

PATHOLOGY	194	734		11,245.44		15.32	.158	57.97	2.42
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	944	1,599	\$	135,377.20	\$	84.66	.344	\$ 143.41	\$ 29.13
CLINIC	18	34		3,060.24		90.01	.007	170.01	.66
SURGICENTER	9	17		1,584.32		93.20	.004	176.04	.34
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	925	1,548		130,732.64		84.45	.333	141.33	28.13

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,612  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - DISABLED      AID CODE 60

4,648 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	749	81,084	\$ 171,535.61	\$ 2.12	17.445	\$ 229.02	\$ 36.91
DURABLE MED. EQUIP.	79	201	34,994.40	174.10	.043	442.97	7.53
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	13	28	3,352.99	119.75	.006	257.92	.72
MEDICAL TRANSPORTATION	128	9,928	60,773.34	6.12	2.136	474.79	13.08
AMBULANCES/AIR TRANS	76	1,031	16,017.82	15.54	.222	210.76	3.45
OTHER TRANS	42	8,235	24,301.47	2.95	1.772	578.61	5.23
OTHER SERVICES	29	662	20,454.05	30.90	.142	705.31	4.40
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	6	18	2,353.25	130.74	.004	392.21	.51
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	100	221	2,802.72	12.68	.048	28.03	.60
PHYSICAL THERAPIST	2	6	92.82	15.47	.001	46.41	.02
PORTABLE X-RAY	2	6	4.69	.78	.001	2.35	.00
PROSTHETIST/ORTHOTISTS	7	42	4,601.19	109.55	.009	657.31	.99
PROSTHETICS	6	11	610.59	55.51	.002	101.77	.13
ORTHOTICS	1	31	3,990.60	128.73	.007	3990.60	.86
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	21	95	3,491.13	36.75	.020	166.24	.75
HOSPICE SERVICES	1	4	432.16	108.04	.001	432.16	.09
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	44	7,468	25,169.23	3.37	1.607	572.03	5.42
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	414	63,067	33,467.69	.53	13.569	80.84	7.20
@CALIF. CHILDREN SERVICES*	55	315	\$ 32,607.98	\$ 103.52	.068	\$ 592.87	\$ 7.02
@XOVER EXCLUDING STATE HOSP**	937	11,927	\$ 122,333.45	\$ 10.26	2.566	\$ 130.56	\$ 26.32

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,613  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

5,397 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,688	16,154	\$ 621,351.80	\$ 38.46	2.993	\$ 231.16	\$ 115.13
@PHYSICIANS SERVICES	647	2,230	\$ 75,931.58	\$ 34.05	.413	\$ 117.36	\$ 14.07
OUTPATIENT VISITS	493	695	24,949.79	35.90	.129	50.61	4.62
OFFICE VISITS	357	493	14,923.63	30.27	.091	41.80	2.77
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	121	171	8,573.41	50.14	.032	70.85	1.59
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	8	9	776.06	86.23	.002	97.01	.14

OTHER OUTPATIENT	20	22		676.69	30.76	.004	33.83	.13
INPATIENT VISITS	29	74		3,933.47	53.16	.014	135.64	.73
HOSPITAL VISITS	29	71		3,348.69	47.16	.013	115.47	.62
CRITICAL CARE	1	3		584.78	194.93	.001	584.78	.11
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	11	14		656.34	46.88	.003	59.67	.12
EXAMINATIONS	11	14		656.34	46.88	.003	59.67	.12
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	26	90		17,332.04	192.58	.017	666.62	3.21
PRINCIPAL SURGEON	21	21		15,395.29	733.11	.004	733.11	2.85
ASSISTANT SURGEON	3	3		398.43	132.81	.001	132.81	.07
ANESTHESIOLOGIST	6	66		1,538.32	23.31	.012	256.39	.29
OUTPATIENT SURGERY	68	185		9,571.65	51.74	.034	140.76	1.77
PRINCIPAL SURGEON	56	100		7,503.89	75.04	.019	134.00	1.39
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	85		2,067.76	24.33	.016	159.06	.38
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	38	54		339.66	6.29	.010	8.94	.06
RADIOLOGY	65	114		5,834.67	51.18	.021	89.76	1.08
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	15	272		6,491.45	23.87	.050	432.76	1.20
OTHER SERVICES/ALL X-OVERS	106	732		6,822.51	9.32	.136	64.36	1.26
@PHARMACY	1,376	6,400	\$	140,289.17	\$ 21.92	1.186	\$ 101.95	\$ 25.99
PRESCRIPTION DRUGS	1,362	2,913		137,109.52	47.07	.540	100.67	25.40
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	1,362	2,913		137,109.52	47.07	.540	100.67	25.40
MEDICAL SUPPLIES	37	3,487		3,179.65	.91	.646	85.94	.59
@DENTIST	136	719	\$	28,645.25	\$ 39.84	.133	\$ 210.63	\$ 5.31
VISITS - DIAGNOSTIC	99	412		6,379.25	15.48	.076	64.44	1.18
ORAL SURGERY	19	39		3,269.00	83.82	.007	172.05	.61
DRUGS	7	7		145.00	20.71	.001	20.71	.03
ANESTHESIA	4	4		400.00	100.00	.001	100.00	.07
PERIODONTICS	2	2		400.00	200.00	.000	200.00	.07
ENDODONTICS	14	46		3,821.00	83.07	.009	272.93	.71
RESTORATIVE DENTISTRY	50	178		11,143.00	62.60	.033	222.86	2.06
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	1		120.00	120.00	.000	120.00	.02
MAXILLOFACIAL SERVICES	2	2		98.00	49.00	.000	49.00	.02
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	10	25		2,795.00	111.80	.005	279.50	.52
ALL OTHER SERVICES	2	3		75.00	25.00	.001	37.50	.01

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

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	5,397 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	46	114	\$	2,721.43	\$ 23.87	.021	\$ 59.16	\$ .50
DIAGNOSTIC AND ANC. PROCED	32	32		1,506.54	47.08	.006	47.08	.28
EYE APPLIANCES	28	80		1,165.98	14.57	.015	41.64	.22
OTHER OPTOMETRIC SERVICES	2	2		48.91	24.46	.000	24.46	.01
@CHIROPRACTOR	1	1	\$	16.72	\$ 16.72	.000	\$ 16.72	\$ .00
VISITS	1	1		16.72	16.72	.000	16.72	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	3	5	\$	186.87	\$ 37.37	.001	\$ 62.29	\$ .03
MEDICINE/INJECTIONS	3	4		85.60	21.40	.001	28.53	.02
SURGERY/ANES.	1	1		101.27	101.27	.000	101.27	.02
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00

@HOME HEALTH AGENCY	9	13	\$	838.99	\$	64.54	.002	\$	93.22	\$	.16
NURSE ANESTHESIST	10	109	\$	991.56	\$	9.10	.020	\$	99.16	\$	.18
NURSE MIDWIFE	1	8	\$	332.64	\$	41.58	.001	\$	332.64	\$	.06
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	621	2,768	\$	213,656.38	\$	77.19	.513	\$	344.05	\$	39.59
HOSP INPATIENT TOTAL	31	108		138,809.40		1285.27	.020		4477.72		25.72
HSC HOSPITALS	6	13		15,972.00		1228.62	.002		2662.00		2.96
NON-HSC HOSPITAL TOTAL	24	90		122,025.40		1355.84	.017		5084.39		22.61
ACCOMMODATIONS	24	90		25,619.61		284.66	.017		1067.48		4.75
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	24	90		25,619.61		284.66	.017		1067.48		4.75
ANCILLARIES	24	0		96,405.79		.00	.000		4016.91		17.86
INPATIENT CROSSOVERS	1	5		812.00		162.40	.001		812.00		.15
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	604	2,660		74,846.98		28.14	.493		123.92		13.87
MEDICAL	119	162		6,431.74		39.70	.030		54.05		1.19
SURGERY	46	47		1,211.82		25.78	.009		26.34		.22
PATHOLOGY	354	953		10,441.30		10.96	.177		29.50		1.93
RADIOLOGY	181	298		11,496.42		38.58	.055		63.52		2.13
ROOM USE	454	619		25,634.29		41.41	.115		56.46		4.75
CROSSOVERS/ALL OTH OUTPTNT	264	581		19,631.41		33.79	.108		74.36		3.64
@COUNTY HOSPITAL TOTAL	1	2	\$	69.75	\$	34.88	.000	\$	69.75	\$	.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	2		69.75		34.88	.000		69.75		.01
MEDICAL	1	1		35.32		35.32	.000		35.32		.01
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		34.43		34.43	.000		34.43		.01
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 1,615
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

----- MONTHLY AVERAGE -----											
5,397 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				
@COMMUNITY HOSPITAL TOTAL	620	2,766	\$ 213,586.63	\$ 77.22	.513	\$ 344.49	\$ 39.58				
COMM HOSP INPATIENT TOTAL	31	108	138,809.40	1285.27	.020	4477.72	25.72				
HSC HOSPITALS	6	13	15,972.00	1228.62	.002	2662.00	2.96				
NON-HSC HOSPITALS TOTAL	24	90	122,025.40	1355.84	.017	5084.39	22.61				
ACCOMMODATIONS	24	90	25,619.61	284.66	.017	1067.48	4.75				
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00				
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00				
ALL OTHER ACCOM	24	90	25,619.61	284.66	.017	1067.48	4.75				
ANCILLARIES	24	0	96,405.79	.00	.000	4016.91	17.86				
INPATIENT CROSSOVERS	1	5	812.00	162.40	.001	812.00	.15				
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00				
COMM HOSP OUTPATIENT TOTAL	603	2,658	74,777.23	28.13	.492	124.01	13.86				
MEDICAL	118	161	6,396.42	39.73	.030	54.21	1.19				

SURGERY	46	47		1,211.82		25.78	.009	26.34	.22
PATHOLOGY	354	953		10,441.30		10.96	.177	29.50	1.93
RADIOLOGY	181	298		11,496.42		38.58	.055	63.52	2.13
ROOM USE	453	618		25,599.86		41.42	.115	56.51	4.74
CROSSOVERS/ALL OTH OUTPTNT	264	581		19,631.41		33.79	.108	74.36	3.64
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00

ICF DDH	0	0		.00		.000		.00		.00	
ICF DD	0	0		.00		.000		.00		.00	
ICF DDN/DDCN	0	0		.00		.000		.00		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00	\$	.00	
HOSPITAL BASED	0	0		.00		.000		.00		.00	
HEMODIALYSIS CENTER	0	0		.00		.000		.00		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00	\$	.00	
HOSPITAL BASED	0	0		.00		.000		.00		.00	
INDEPENDENT FACILITY	0	0		.00		.000		.00		.00	
@LABORATORY FACILITY	147	451	\$	7,207.76	\$	.084	\$	49.03	\$	1.34	
PATHOLOGY	147	451		7,207.76		.084		49.03		1.34	
XO AND OTHERS	0	0		.00		.000		.00		.00	
@ORGANIZED OUTPATIENT CLINIC	977	1,531	\$	124,619.22	\$	.284	\$	127.55	\$	23.09	
CLINIC	26	76		3,503.29		.014		134.74		.65	
SURGICENTER	11	68		2,090.27		.013		190.02		.39	
HEROIN DETOX CLINIC	1	20		231.69		.004		231.69		.04	
RURAL HEALTH CLINIC	951	1,367		118,793.97		.253		124.91		22.01	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 1,616
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

	5,397 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	267	1,805	\$	25,914.23	\$ 14.36	.334	\$ 97.06	\$ 4.80
DURABLE MED. EQUIP.	15	17		2,500.77	147.10	.003	166.72	.46
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	38	578		9,606.34	16.62	.107	252.80	1.78
AMBULANCES/AIR TRANS	37	576		6,006.34	10.43	.107	162.33	1.11
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	2		3,600.00	1800.00	.000	1800.00	.67
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		20.30	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2		210.00	105.00	.000	105.00	.04
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	39	87		741.03	8.52	.016	19.00	.14
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2		137.52	68.76	.000	68.76	.03
PROSTHETICS	1	1		48.83	48.83	.000	48.83	.01
ORTHOTICS	1	1		88.69	88.69	.000	88.69	.02
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	14		597.30	42.66	.003	85.33	.11
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	166	1,105		12,100.97	10.95	.205	72.90	2.24
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	28	194	\$	24,067.27	\$ 124.06	.036	\$ 859.55	\$ 4.46
@XOVER EXCLUDING STATE HOSP**	1	2	\$	858.30	\$ 429.15	.000	\$ 858.30	\$ .16

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,617
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL	

----- MONTHLY AVERAGE -----

12,230 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8,044	190,338	\$ 4,097,923.39	\$ 21.53	15.563	\$ 509.44	\$ 335.07
@PHYSICIANS SERVICES	1,912	6,669	\$ 219,072.77	\$ 32.85	.545	\$ 114.58	\$ 17.91
OUTPATIENT VISITS	928	1,357	50,219.91	37.01	.111	54.12	4.11
OFFICE VISITS	698	984	31,316.07	31.83	.080	44.87	2.56
HOME VISITS	13	16	646.60	40.41	.001	49.74	.05
EMERGENCY ROOM	191	279	15,153.78	54.31	.023	79.34	1.24
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	9	10	902.37	90.24	.001	100.26	.07
OTHER OUTPATIENT	62	68	2,201.09	32.37	.006	35.50	.18
INPATIENT VISITS	90	610	31,067.11	50.93	.050	345.19	2.54
HOSPITAL VISITS	86	532	22,059.19	41.46	.043	256.50	1.80
CRITICAL CARE	16	72	8,853.52	122.97	.006	553.35	.72
SNF/ICF/TRANS IP CARE	3	6	154.40	25.73	.000	51.47	.01
OPHTHALMOLOGICAL SERVICES	37	41	1,828.19	44.59	.003	49.41	.15
EXAMINATIONS	37	41	1,828.19	44.59	.003	49.41	.15
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	54	259	28,108.25	108.53	.021	520.52	2.30
PRINCIPAL SURGEON	40	53	23,460.27	442.65	.004	586.51	1.92
ASSISTANT SURGEON	4	4	520.04	130.01	.000	130.01	.04
ANESTHESIOLOGIST	17	202	4,127.94	20.44	.017	242.82	.34
OUTPATIENT SURGERY	150	433	30,451.34	70.33	.035	203.01	2.49
PRINCIPAL SURGEON	125	191	24,774.05	129.71	.016	198.19	2.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	34	242	5,677.29	23.46	.020	166.98	.46
DIALYSIS	25	238	6,871.69	28.87	.019	274.87	.56
PATHOLOGY	88	164	2,494.08	15.21	.013	28.34	.20
RADIOLOGY	242	464	20,359.40	43.88	.038	84.13	1.66
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	34	413	9,066.01	21.95	.034	266.65	.74
OTHER SERVICES/ALL X-OVERS	843	2,690	38,606.79	14.35	.220	45.80	3.16
@PHARMACY	6,014	58,609	\$ 1,979,883.32	\$ 33.78	4.792	\$ 329.21	\$ 161.89
PRESCRIPTION DRUGS	5,961	22,290	1,925,143.92	86.37	1.823	322.96	157.41
SNF/ICF	40	328	17,942.12	54.70	.027	448.55	1.47
OUTPATIENTS	5,928	21,962	1,907,201.80	86.84	1.796	321.73	155.94
MEDICAL SUPPLIES	541	36,319	54,739.40	1.51	2.970	101.18	4.48
@DENTIST	300	1,568	\$ 59,481.25	\$ 37.93	.128	\$ 198.27	\$ 4.86
VISITS - DIAGNOSTIC	199	947	12,414.25	13.11	.077	62.38	1.02
ORAL SURGERY	44	120	7,547.00	62.89	.010	171.52	.62
DRUGS	7	7	145.00	20.71	.001	20.71	.01
ANESTHESIA	5	5	500.00	100.00	.000	100.00	.04
PERIODONTICS	22	24	3,692.00	153.83	.002	167.82	.30
ENDODONTICS	18	51	5,356.00	105.02	.004	297.56	.44
RESTORATIVE DENTISTRY	98	300	17,489.00	58.30	.025	178.46	1.43
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	31	68	8,107.00	119.22	.006	261.52	.66
SPACE MAINTAINERS	1	1	120.00	120.00	.000	120.00	.01
MAXILLOFACIAL SERVICES	3	3	146.00	48.67	.000	48.67	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	15	33	3,860.00	116.97	.003	257.33	.32
ALL OTHER SERVICES	8	8	75.00	9.38	.001	9.38	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,618
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL						

12,230 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	172	443	\$ 9,473.50	\$ 21.38	.036	\$ 55.08	\$ .77
DIAGNOSTIC AND ANC. PROCED	68	68	3,098.26	45.56	.006	45.56	.25

EYE APPLIANCES	122	351		5,639.76		16.07	.029	46.23	.46
OTHER OPTOMETRIC SERVICES	21	24		735.48		30.65	.002	35.02	.06
@CHIROPRACTOR	8	12	\$	172.50	\$	14.38	.001	21.56	.01
VISITS	4	5		83.60		16.72	.000	20.90	.01
OTHER SERVICES	4	7		88.90		12.70	.001	22.23	.01
@PODIATRIST	81	107	\$	1,317.85	\$	12.32	.009	16.27	.11
MEDICINE/INJECTIONS	5	7		209.00		29.86	.001	41.80	.02
SURGERY/ANES.	6	6		166.27		27.71	.000	27.71	.01
RADIO./PATHOLOGY	1	2		34.60		17.30	.000	34.60	.00
OTHER	71	92		907.98		9.87	.008	12.79	.07
@HOME HEALTH AGENCY	55	1,959	\$	66,449.13	\$	33.92	.160	1208.17	5.43
NURSE ANESTHESIST	27	198	\$	2,424.95	\$	12.25	.016	89.81	.20
NURSE MIDWIFE	1	8	\$	332.64	\$	41.58	.001	332.64	.03
PEDIATRIC NURSE PRACTITIONER	1	1	\$	208.49	\$	208.49	.000	208.49	.02
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
@TOTAL HOSPITAL	2,045	10,078	\$	949,929.61	\$	94.26	.824	464.51	77.67
HOSP INPATIENT TOTAL	156	731		753,997.92		1031.46	.060	4833.32	61.65
HSC HOSPITALS	25	237		269,510.32		1137.17	.019	10780.41	22.04
NON-HSC HOSPITAL TOTAL	74	257		434,936.03		1692.36	.021	5877.51	35.56
ACCOMMODATIONS	74	257		108,296.17		421.39	.021	1463.46	8.85
ADMINISTRATIVE DAYS	3	13		2,783.49		214.11	.001	927.83	.23
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	72	244		105,512.68		432.43	.020	1465.45	8.63
ANCILLARIES	72	0		326,639.86		.00	.000	4536.66	26.71
INPATIENT CROSSOVERS	60	237		49,551.57		209.08	.019	825.86	4.05
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,958	9,347		195,931.69		20.96	.764	100.07	16.02
MEDICAL	278	433		16,774.58		38.74	.035	60.34	1.37
SURGERY	108	113		5,030.46		44.52	.009	46.58	.41
PATHOLOGY	736	2,408		26,424.73		10.97	.197	35.90	2.16
RADIOLOGY	418	660		31,523.99		47.76	.054	75.42	2.58
ROOM USE	807	1,129		47,706.29		42.26	.092	59.12	3.90
CROSSOVERS/ALL OTH OUTPTNT	1,156	4,604		68,471.64		14.87	.376	59.23	5.60
@COUNTY HOSPITAL TOTAL	5	26	\$	1,127.20	\$	43.35	.002	225.44	.09
CO HOSPITAL INPATIENT TOTAL	2	18		879.32		48.85	.001	439.66	.07
HSC HOSPITALS	1	0		39.32		.00	.000	39.32	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	1	18		840.00		46.67	.001	840.00	.07
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	8		247.88		30.99	.001	82.63	.02
MEDICAL	1	1		35.32		35.32	.000	35.32	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	1	1		34.43		34.43	.000	34.43	.00
CROSSOVERS/ALL OTH OUTPTNT	2	6		178.13		29.69	.000	89.07	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
COLUSA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL								

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	12,230 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,041	10,052	\$	948,802.41	\$ 94.39	.822	\$ 464.87	\$ 77.58
COMM HOSP INPATIENT TOTAL	154	713		753,118.60	1056.27	.058	4890.38	61.58
HSC HOSPITALS	24	237		269,471.00	1137.01	.019	11227.96	22.03

NON-HSC HOSPITALS TOTAL	74	257		434,936.03	1692.36	.021	5877.51	35.56
ACCOMMODATIONS	74	257		108,296.17	421.39	.021	1463.46	8.85
ADMINISTRATIVE DAYS	3	13		2,783.49	214.11	.001	927.83	.23
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	72	244		105,512.68	432.43	.020	1465.45	8.63
ANCILLARIES	72	0		326,639.86	.00	.000	4536.66	26.71
INPATIENT CROSSOVERS	59	219		48,711.57	222.43	.018	825.62	3.98
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,956	9,339		195,683.81	20.95	.764	100.04	16.00
MEDICAL	277	432		16,739.26	38.75	.035	60.43	1.37
SURGERY	108	113		5,030.46	44.52	.009	46.58	.41
PATHOLOGY	736	2,408		26,424.73	10.97	.197	35.90	2.16
RADIOLOGY	418	660		31,523.99	47.76	.054	75.42	2.58
ROOM USE	806	1,128		47,671.86	42.26	.092	59.15	3.90
CROSSOVERS/ALL OTH OUTPTNT	1,155	4,598		68,293.51	14.85	.376	59.13	5.58
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	31	844	\$	114,305.71	135.43	.069	3687.28	9.35
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	31	844		114,305.71	135.43	.069	3687.28	9.35
@INTERMEDIATE CARE FACIL.-DD	13	366	\$	54,594.22	149.16	.030	4199.56	4.46
ICF DDH	13	366		54,594.22	149.16	.030	4199.56	4.46
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	88	2,114	\$	84,912.10	40.17	.173	964.91	6.94
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	88	2,114		84,912.10	40.17	.173	964.91	6.94
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	351	1,223	\$	18,873.68	15.43	.100	53.77	1.54
PATHOLOGY	349	1,221		18,855.87	15.44	.100	54.03	1.54
XO AND OTHERS	2	2		17.81	8.91	.000	8.91	.00
@ORGANIZED OUTPATIENT CLINIC	2,146	3,507	\$	281,574.77	80.29	.287	131.21	23.02
CLINIC	47	114		6,624.03	58.11	.009	140.94	.54
SURGICENTER	27	101		5,113.48	50.63	.008	189.39	.42
HEROIN DETOX CLINIC	1	20		231.69	11.58	.002	231.69	.02
RURAL HEALTH CLINIC	2,093	3,272		269,605.57	82.40	.268	128.81	22.04

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

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	12,230 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,227		102,632	\$ 254,916.90	\$ 2.48	8.392	\$ 207.76	\$ 20.84
DURABLE MED. EQUIP.	104		241	47,205.12	195.87	.020	453.90	3.86
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	22		40	6,021.66	150.54	.003	273.71	.49
MEDICAL TRANSPORTATION	205		22,107	99,226.83	4.49	1.808	484.03	8.11
AMBULANCES/AIR TRANS	115		1,635	22,250.87	13.61	.134	193.49	1.82
OTHER TRANS	67		19,521	51,991.11	2.66	1.596	775.99	4.25
OTHER SERVICES	44		951	24,984.85	26.27	.078	567.84	2.04
ACUPUNCTURE	2		8	129.76	16.22	.001	64.88	.01
ADULT DAY HEALTH CARE CTR	0		0	20.30	.00	.000	.00	.00
GENETIC DISEASE TESTING	2		2	210.00	105.00	.000	105.00	.02

IHMC,MODEL-NF,NF,AIDS,MSSP	6	18	2,353.25	130.74	.001	392.21	.19
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	175	385	4,649.43	12.08	.031	26.57	.38
PHYSICAL THERAPIST	2	6	92.82	15.47	.000	46.41	.01
PORTABLE X-RAY	2	6	4.69	.78	.000	2.35	.00
PROSTHETIST/ORTHOTISTS	12	50	4,886.45	97.73	.004	407.20	.40
PROSTHETICS	10	18	807.16	44.84	.001	80.72	.07
ORTHOTICS	2	32	4,079.29	127.48	.003	2039.65	.33
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	29	112	4,830.72	43.13	.009	166.58	.39
HOSPICE SERVICES	1	4	432.16	108.04	.000	432.16	.04
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	213	15,401	44,115.03	2.86	1.259	207.11	3.61
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	539	64,252		40,738.68		.63	5.254	75.58	3.33
@CALIF. CHILDREN SERVICES*	93	765	\$	104,253.56	\$	136.28	.063	\$ 1121.01	\$ 8.52
@XOVER EXCLUDING STATE HOSP**	1,568	15,504	\$	198,010.80	\$	12.77	1.268	\$ 126.28	\$ 16.19

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,621  
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COLUSA COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

841 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	580	2,128	\$ 99,805.92	\$ 46.90	2.530	\$ 172.08	\$ 118.68	
@PHYSICIANS SERVICES	242	476	\$ 16,699.16	\$ 35.08	.566	\$ 69.00	\$ 19.86	
OUTPATIENT VISITS	209	323	9,490.38	29.38	.384	45.41	11.28	
OFFICE VISITS	189	287	7,915.97	27.58	.341	41.88	9.41	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	25	30	1,396.09	46.54	.036	55.84	1.66	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	6	6	178.32	29.72	.007	29.72	.21	
INPATIENT VISITS	11	27	1,708.56	63.28	.032	155.32	2.03	
HOSPITAL VISITS	11	24	1,002.92	41.79	.029	91.17	1.19	
CRITICAL CARE	2	3	705.64	235.21	.004	352.82	.84	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	2	2	99.31	49.66	.002	49.66	.12	
EXAMINATIONS	2	2	99.31	49.66	.002	49.66	.12	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	3	22	1,433.59	65.16	.026	477.86	1.70	
PRINCIPAL SURGEON	2	2	905.81	452.91	.002	452.91	1.08	
ASSISTANT SURGEON	1	1	84.51	84.51	.001	84.51	.10	
ANESTHESIOLOGIST	2	19	443.27	23.33	.023	221.64	.53	
OUTPATIENT SURGERY	8	37	1,641.64	44.37	.044	205.21	1.95	
PRINCIPAL SURGEON	5	5	876.96	175.39	.006	175.39	1.04	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	4	32	764.68	23.90	.038	191.17	.91	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	16	16	182.41	11.40	.019	11.40	.22	
RADIOLOGY	14	19	805.21	42.38	.023	57.52	.96	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	1	1	20.12	20.12	.001	20.12	.02	
OTHER SERVICES/ALL X-OVERS	16	29	1,317.94	45.45	.034	82.37	1.57	
@PHARMACY	346	701	\$ 24,793.91	\$ 35.37	.834	\$ 71.66	\$ 29.48	
PRESCRIPTION DRUGS	340	669	24,204.19	36.18	.795	71.19	28.78	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	340	669	24,204.19	36.18	.795	71.19	28.78	
MEDICAL SUPPLIES	20	32	589.72	18.43	.038	29.49	.70	
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	

ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,622  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS      AID CODES 47 69

841 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	10	25	\$ 1,782.04	\$ 71.28	.030	\$ 178.20	\$ 2.12
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	123	481	\$ 34,285.26	\$ 71.28	.572	\$ 278.74	\$ 40.77
HOSP INPATIENT TOTAL	8	26	24,265.19	933.28	.031	3033.15	28.85
HSC HOSPITALS	5	20	16,506.00	825.30	.024	3301.20	19.63
NON-HSC HOSPITAL TOTAL	3	6	7,759.19	1293.20	.007	2586.40	9.23
ACCOMMODATIONS	3	6	2,051.27	341.88	.007	683.76	2.44
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	6	2,051.27	341.88	.007	683.76	2.44
ANCILLARIES	3	0	5,707.92	.00	.000	1902.64	6.79
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	121	455	10,020.07	22.02	.541	82.81	11.91
MEDICAL	21	31	1,107.10	35.71	.037	52.72	1.32
SURGERY	3	3	193.75	64.58	.004	64.58	.23
PATHOLOGY	76	173	1,710.44	9.89	.206	22.51	2.03
RADIOLOGY	28	48	1,499.06	31.23	.057	53.54	1.78
ROOM USE	90	113	4,368.96	38.66	.134	48.54	5.19
CROSSOVERS/ALL OTH OUTPTNT	67	87	1,140.76	13.11	.103	17.03	1.36
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

841 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	123	481	\$ 34,285.26	\$ 71.28	.572		\$ 278.74	\$ 40.77
COMM HOSP INPATIENT TOTAL	8	26	24,265.19	933.28	.031		3033.15	28.85
HSC HOSPITALS	5	20	16,506.00	825.30	.024		3301.20	19.63
NON-HSC HOSPITALS TOTAL	3	6	7,759.19	1293.20	.007		2586.40	9.23
ACCOMMODATIONS	3	6	2,051.27	341.88	.007		683.76	2.44
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	3	6	2,051.27	341.88	.007		683.76	2.44
ANCILLARIES	3	0	5,707.92	.00	.000		1902.64	6.79
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	121	455	10,020.07	22.02	.541		82.81	11.91
MEDICAL	21	31	1,107.10	35.71	.037		52.72	1.32
SURGERY	3	3	193.75	64.58	.004		64.58	.23
PATHOLOGY	76	173	1,710.44	9.89	.206		22.51	2.03
RADIOLOGY	28	48	1,499.06	31.23	.057		53.54	1.78
ROOM USE	90	113	4,368.96	38.66	.134		48.54	5.19
CROSSOVERS/ALL OTH OUTPTNT	67	87	1,140.76	13.11	.103		17.03	1.36
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	0	0	.00	.00	.000		.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000		.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000		.00	.00
@LABORATORY FACILITY	14	39	\$ 343.96	\$ 8.82	.046		\$ 24.57	\$ .41
PATHOLOGY	14	39	343.96	8.82	.046		24.57	.41
XO AND OTHERS	0	0	.00	.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	144	237	\$ 17,554.67	\$ 74.07	.282		\$ 121.91	\$ 20.87
CLINIC	1	1	32.62	32.62	.001		32.62	.04
SURGICENTER	1	7	246.21	35.17	.008		246.21	.29
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	143	229	17,275.84	75.44	.272		120.81	20.54

841 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	14	169	\$ 4,346.92	\$ 25.72	.201		\$ 310.49	\$ 5.17

DURABLE MED. EQUIP.	5	5	497.95	99.59	.006	99.59	.59
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	159	3,723.00	23.42	.189	531.86	4.43
AMBULANCES/AIR TRANS	7	158	1,923.00	12.17	.188	274.71	2.29
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1800.00	2.14
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	4	75.97	18.99	.005	75.97	.09
SPEECH AND AUDIOLOGY	1	1	50.00	50.00	.001	50.00	.06
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	16	49	\$ 10,258.93	\$ 209.37	.058	\$ 641.18	\$ 12.20
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,625  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT      AID CODES 44 48 49

	1,222 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	699	3,583	\$	441,133.26	\$ 123.12	2.932	\$ 631.09	\$ 360.99
@PHYSICIANS SERVICES	311	857	\$	79,574.01	\$ 92.85	.701	\$ 255.86	\$ 65.12
OUTPATIENT VISITS	116	156		10,076.31	64.59	.128	86.86	8.25
OFFICE VISITS	50	56		2,040.74	36.44	.046	40.81	1.67
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	9	12		701.45	58.45	.010	77.94	.57
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	64	88		7,334.12	83.34	.072	114.60	6.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	62	169		6,532.25	38.65	.138	105.36	5.35
HOSPITAL VISITS	62	169		6,518.41	38.57	.138	105.14	5.33
CRITICAL CARE	0	0		13.84	.00	.000	.00	.01
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	68	123		55,926.03	454.68	.101	822.44	45.77
PRINCIPAL SURGEON	53	55		50,993.48	927.15	.045	962.14	41.73
ASSISTANT SURGEON	17	17		3,016.86	177.46	.014	177.46	2.47
ANESTHESIOLOGIST	11	51		1,915.69	37.56	.042	174.15	1.57
OUTPATIENT SURGERY	53	109		2,460.84	22.58	.089	46.43	2.01
PRINCIPAL SURGEON	51	102		2,250.70	22.07	.083	44.13	1.84

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	7	210.14	30.02	.006	105.07	.17
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	128	211	1,599.80	7.58	.173	12.50	1.31
RADIOLOGY	40	44	1,919.81	43.63	.036	48.00	1.57
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	8	332.26	41.53	.007	55.38	.27
OTHER SERVICES/ALL X-OVERS	22	37	726.71	19.64	.030	33.03	.59
@PHARMACY	240	477	\$ 9,830.96	\$ 20.61	.390	\$ 40.96	\$ 8.04
PRESCRIPTION DRUGS	235	448	8,305.45	18.54	.367	35.34	6.80
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	235	448	8,305.45	18.54	.367	35.34	6.80
MEDICAL SUPPLIES	14	29	1,525.51	52.60	.024	108.97	1.25
@DENTIST	2	6	\$ 74.00	\$ 12.33	.005	\$ 37.00	\$ .06
VISITS - DIAGNOSTIC	2	6	74.00	12.33	.005	37.00	.06
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,626  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT      AID CODES 44 48 49

	1,222 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	54	77	\$	4,451.54	\$ 57.81	.063	\$ 82.44	\$ 3.64
NURSE ANESTHESIST	14	65	\$	1,609.66	\$ 24.76	.053	\$ 114.98	\$ 1.32
NURSE MIDWIFE	1	1	\$	1,088.56	\$ 1088.56	.001	\$ 1088.56	\$ .89
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	326	1,314	\$	322,382.59	\$ 245.34	1.075	\$ 988.90	\$ 263.82
HOSP INPATIENT TOTAL	61	262		288,726.46	1102.01	.214	4733.22	236.27
HSC HOSPITALS	3	16		19,558.03	1222.38	.013	6519.34	16.00
NON-HSC HOSPITAL TOTAL	58	246		269,168.43	1094.18	.201	4640.84	220.27
ACCOMMODATIONS	58	246		73,894.14	300.38	.201	1274.04	60.47
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	58	246		73,894.14	300.38	.201	1274.04	60.47
ANCILLARIES	58	0		195,274.29	.00	.000	3366.80	159.80
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	304	1,052		33,656.13	31.99	.861	110.71	27.54
MEDICAL	4	7		374.18	53.45	.006	93.55	.31
SURGERY	4	7		159.40	22.77	.006	39.85	.13
PATHOLOGY	176	456		5,388.69	11.82	.373	30.62	4.41
RADIOLOGY	135	163		11,976.89	73.48	.133	88.72	9.80
ROOM USE	95	176		10,753.76	61.10	.144	113.20	8.80
CROSSOVERS/ALL OTH OUTPTNT	91	243		5,003.21	20.59	.199	54.98	4.09
@COUNTY HOSPITAL TOTAL	1	1	\$	35.91	\$ 35.91	.001	\$ 35.91	\$ .03
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	35.91	35.91	.001	35.91	.03
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.91	35.91	.001	35.91	.03
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,627  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT      AID CODES 44 48 49

	1,222 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	325	1,313	\$	322,346.68	\$ 245.50	1.074	\$ 991.84	\$ 263.79
COMM HOSP INPATIENT TOTAL	61	262		288,726.46	1102.01	.214	4733.22	236.27
HSC HOSPITALS	3	16		19,558.03	1222.38	.013	6519.34	16.00
NON-HSC HOSPITALS TOTAL	58	246		269,168.43	1094.18	.201	4640.84	220.27
ACCOMMODATIONS	58	246		73,894.14	300.38	.201	1274.04	60.47
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	58	246		73,894.14	300.38	.201	1274.04	60.47
ANCILLARIES	58	0		195,274.29	.00	.000	3366.80	159.80
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	303	1,051		33,620.22	31.99	.860	110.96	27.51
MEDICAL	4	7		374.18	53.45	.006	93.55	.31
SURGERY	4	7		159.40	22.77	.006	39.85	.13
PATHOLOGY	176	456		5,388.69	11.82	.373	30.62	4.41
RADIOLOGY	135	163		11,976.89	73.48	.133	88.72	9.80
ROOM USE	94	175		10,717.85	61.24	.143	114.02	8.77
CROSSOVERS/ALL OTH OUTPTNT	91	243		5,003.21	20.59	.199	54.98	4.09
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	159	434	\$	7,224.86	\$ 16.65	.355	\$ 45.44	\$ 5.91
PATHOLOGY	159	434		7,224.86	16.65	.355	45.44	5.91
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	60	116	\$	7,363.09	\$ 63.47	.095	\$ 122.72	\$ 6.03
CLINIC	10	43		1,284.58	29.87	.035	128.46	1.05

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	50	73	6,078.51	83.27	.060	121.57	4.97

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MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT      AID CODES 44 48 49

1,222 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	45	236	\$ 7,533.99	\$ 31.92	.193	\$ 167.42	\$ 6.17
DURABLE MED. EQUIP.	1	1	20.18	20.18	.001	20.18	.02
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	197	3,540.12	17.97	.161	590.02	2.90
AMBULANCES/AIR TRANS	6	196	1,740.12	8.88	.160	290.02	1.42
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1800.00	1.47
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	37	37	3,885.00	105.00	.030	105.00	3.18
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	88.69	88.69	.001	88.69	.07
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	1	1	88.69	88.69	.001	88.69	.07
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	8	\$ 9,748.00	\$ 1218.50	.007	\$ 9748.00	\$ 7.98
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,629  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM      AID CODE 76

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	12	57	\$ 431.86	\$ 7.58	19.000	\$ 35.99	\$ 143.95
@PHYSICIANS SERVICES	7	12	\$ 196.20	\$ 16.35	4.000	\$ 28.03	\$ 65.40
OUTPATIENT VISITS	2	4	170.04	42.51	1.333	85.02	56.68
OFFICE VISITS	2	2	49.08	24.54	.667	24.54	16.36
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	2	120.96	60.48	.667	120.96	40.32
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	6	8		26.16		3.27	2.667	4.36	8.72
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	1	36	\$	13.31	\$	.37	12.000	\$ 13.31	\$ 4.44
PRESCRIPTION DRUGS	0	0		.00		.00	.000	.00	.00
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	0	0		.00		.00	.000	.00	.00
MEDICAL SUPPLIES	1	36		13.31		.37	12.000	13.31	4.44
@DENTIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,630  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM      AID CODE 76

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,631  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM      AID CODE 76

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	6	7	\$	159.56	\$	22.79	2.333	\$ 26.59	\$ 53.19
PATHOLOGY	6	7		159.56		22.79	2.333	26.59	53.19
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	2	\$	62.79	\$	31.40	.667	\$ 62.79	\$ 20.93
CLINIC	1	2		62.79		31.40	.667	62.79	20.93
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 1,632
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM								AID CODE 76

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 1,633
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76								

2,066 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,291	5,768	\$ 541,371.04	\$ 93.86	2.792	\$ 419.34	\$ 262.04
@PHYSICIANS SERVICES	560	1,345	\$ 96,469.37	\$ 71.72	.651	\$ 172.27	\$ 46.69

OUTPATIENT VISITS	327	483		19,736.73	40.86	.234	60.36	9.55
OFFICE VISITS	241	345		10,005.79	29.00	.167	41.52	4.84
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	34	42		2,097.54	49.94	.020	61.69	1.02
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	65	90		7,455.08	82.83	.044	114.69	3.61
OTHER OUTPATIENT	6	6		178.32	29.72	.003	29.72	.09
INPATIENT VISITS	73	196		8,240.81	42.04	.095	112.89	3.99
HOSPITAL VISITS	73	193		7,521.33	38.97	.093	103.03	3.64
CRITICAL CARE	2	3		719.48	239.83	.001	359.74	.35
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2		99.31	49.66	.001	49.66	.05
EXAMINATIONS	2	2		99.31	49.66	.001	49.66	.05
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	71	145		57,359.62	395.58	.070	807.88	27.76
PRINCIPAL SURGEON	55	57		51,899.29	910.51	.028	943.62	25.12
ASSISTANT SURGEON	18	18		3,101.37	172.30	.009	172.30	1.50
ANESTHESIOLOGIST	13	70		2,358.96	33.70	.034	181.46	1.14
OUTPATIENT SURGERY	61	146		4,102.48	28.10	.071	67.25	1.99
PRINCIPAL SURGEON	56	107		3,127.66	29.23	.052	55.85	1.51
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	39		974.82	25.00	.019	162.47	.47
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	150	235		1,808.37	7.70	.114	12.06	.88
RADIOLOGY	54	63		2,725.02	43.25	.030	50.46	1.32
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	9		352.38	39.15	.004	50.34	.17
OTHER SERVICES/ALL X-OVERS	38	66		2,044.65	30.98	.032	53.81	.99
@PHARMACY	587	1,214	\$	34,638.18	28.53	.588	59.01	16.77
PRESCRIPTION DRUGS	575	1,117		32,509.64	29.10	.541	56.54	15.74
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	575	1,117		32,509.64	29.10	.541	56.54	15.74
MEDICAL SUPPLIES	35	97		2,128.54	21.94	.047	60.82	1.03
@DENTIST	2	6	\$	74.00	12.33	.003	37.00	.04
VISITS - DIAGNOSTIC	2	6		74.00	12.33	.003	37.00	.04
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 1,634
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76							
						----- MONTHLY AVERAGE -----		
2,066 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.000	.00	.00
SURGERY/ANES.	0	0		.00		.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.000	.00	.00
OTHER	0	0		.00		.000	.00	.00
@HOME HEALTH AGENCY	64	102	\$	6,233.58	\$	61.11	\$	97.40
NURSE ANESTHESIST	14	65	\$	1,609.66	\$	24.76	\$	114.98
NURSE MIDWIFE	1	1	\$	1,088.56	\$	1088.56	\$	1088.56
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$	.00
@TOTAL HOSPITAL	449	1,795	\$	356,667.85	\$	198.70	\$	794.36
HOSP INPATIENT TOTAL	69	288		312,991.65		1086.78		4536.11
HSC HOSPITALS	8	36		36,064.03		1001.78		4508.00
NON-HSC HOSPITAL TOTAL	61	252		276,927.62		1098.92		4539.80
ACCOMMODATIONS	61	252		75,945.41		301.37		1245.01
ADMINISTRATIVE DAYS	0	0		.00		.000		.00
TRANSITIONAL IP CARE	0	0		.00		.000		.00
ALL OTHER ACCOM	61	252		75,945.41		301.37		1245.01
ANCILLARIES	61	0		200,982.21		.00		3294.79
INPATIENT CROSSOVERS	0	0		.00		.000		.00
ALL OTHER INPATIENT	0	0		.00		.000		.00
HOSP OUTPATIENT TOTAL	425	1,507		43,676.20		28.98		102.77
MEDICAL	25	38		1,481.28		38.98		59.25
SURGERY	7	10		353.15		35.32		50.45
PATHOLOGY	252	629		7,099.13		11.29		28.17
RADIOLOGY	163	211		13,475.95		63.87		82.67
ROOM USE	185	289		15,122.72		52.33		81.74
CROSSOVERS/ALL OTH OUTPTNT	158	330		6,143.97		18.62		38.89
@COUNTY HOSPITAL TOTAL	1	1	\$	35.91	\$	35.91	\$	35.91
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.000		.00
HSC HOSPITALS	0	0		.00		.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.000		.00
ACCOMMODATIONS	0	0		.00		.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.000		.00
TRANSITIONAL IP CARE	0	0		.00		.000		.00
ALL OTHER ACCOM	0	0		.00		.000		.00
ANCILLARIES	0	0		.00		.000		.00
INPATIENT CROSSOVERS	0	0		.00		.000		.00
ALL OTHER INPATIENT	0	0		.00		.000		.00
CO HOSP OUTPATIENT TOTAL	1	1		35.91		35.91		35.91
MEDICAL	0	0		.00		.000		.00
SURGERY	0	0		.00		.000		.00
PATHOLOGY	0	0		.00		.000		.00
RADIOLOGY	0	0		.00		.000		.00
ROOM USE	1	1		35.91		35.91		35.91
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.000		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,635  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

	2,066 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	448		1,794	\$ 356,631.94	\$ 198.79	.868	\$ 796.05	\$ 172.62
COMM HOSP INPATIENT TOTAL	69		288	312,991.65	1086.78	.139	4536.11	151.50
HSC HOSPITALS	8		36	36,064.03	1001.78	.017	4508.00	17.46
NON-HSC HOSPITALS TOTAL	61		252	276,927.62	1098.92	.122	4539.80	134.04
ACCOMMODATIONS	61		252	75,945.41	301.37	.122	1245.01	36.76
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	61	252	75,945.41	301.37	.122	1245.01	36.76
ANCILLARIES	61	0	200,982.21	.00	.000	3294.79	97.28
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	424	1,506	43,640.29	28.98	.729	102.93	21.12
MEDICAL	25	38	1,481.28	38.98	.018	59.25	.72
SURGERY	7	10	353.15	35.32	.005	50.45	.17
PATHOLOGY	252	629	7,099.13	11.29	.304	28.17	3.44
RADIOLOGY	163	211	13,475.95	63.87	.102	82.67	6.52
ROOM USE	184	288	15,086.81	52.38	.139	81.99	7.30
CROSSOVERS/ALL OTH OUTPTNT	158	330	6,143.97	18.62	.160	38.89	2.97
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	179	480	\$ 7,728.38	\$ 16.10	.232	\$ 43.18	\$ 3.74
PATHOLOGY	179	480	7,728.38	16.10	.232	43.18	3.74
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	205	355	\$ 24,980.55	\$ 70.37	.172	\$ 121.86	\$ 12.09
CLINIC	12	46	1,379.99	30.00	.022	115.00	.67
SURGICENTER	1	7	246.21	35.17	.003	246.21	.12
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	193	302	23,354.35	77.33	.146	121.01	11.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,636					
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04					
COLUSA COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76						

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
MOP024      FEE-FOR-SERVICE/DENTAL  
COLUSA COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - AGED      AID CODE 16

PAGE 1,637  
01/29/04

142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	155	1,047	\$ 45,597.44	\$ 43.55	7.373	\$ 294.18	\$ 321.11
@PHYSICIANS SERVICES	25	48	\$ 1,212.14	\$ 25.25	.338	\$ 48.49	\$ 8.54
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	25	48	1,212.14	25.25	.338	48.49	8.54
@PHARMACY	149	537	\$ 30,272.28	\$ 56.37	3.782	\$ 203.17	\$ 213.19
PRESCRIPTION DRUGS	149	523	29,930.45	57.23	3.683	200.88	210.78
SNF/ICF	3	23	734.92	31.95	.162	244.97	5.18
OUTPATIENTS	146	500	29,195.53	58.39	3.521	199.97	205.60
MEDICAL SUPPLIES	6	14	341.83	24.42	.099	56.97	2.41
@DENTIST	1	4	\$ 41.00	\$ 10.25	.028	\$ 41.00	\$ .29
VISITS - DIAGNOSTIC	1	4	41.00	10.25	.028	41.00	.29
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
MOP024      FEE-FOR-SERVICE/DENTAL

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## COLUSA COUNTY

## SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	9	\$ 107.51	\$ 11.95	.063	\$ 26.88	\$ .76
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	3	7	106.45	15.21	.049	35.48	.75
OTHER OPTOMETRIC SERVICES	1	2	1.06	.53	.014	1.06	.01
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	11	11	\$ 37.08	\$ 3.37	.077	\$ 3.37	\$ .26
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	11	11	37.08	3.37	.077	3.37	.26
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	37	159	\$ 3,122.27	\$ 19.64	1.120	\$ 84.39	\$ 21.99
HOSP INPATIENT TOTAL	2	1	1,680.00	1680.00	.007	840.00	11.83
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	1	1,680.00	1680.00	.007	840.00	11.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	35	158	1,442.27	9.13	1.113	41.21	10.16
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	35	158	1,442.27	9.13	1.113	41.21	10.16
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	37	159	\$ 3,122.27	\$ 19.64	1.120	\$ 84.39	\$ 21.99
COMM HOSP INPATIENT TOTAL	2	1	1,680.00	1680.00	.007	840.00	11.83
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	1	1,680.00	1680.00	.007	840.00	11.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	35	158	1,442.27	9.13	1.113	41.21	10.16
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	35	158	1,442.27	9.13	1.113	41.21	10.16
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	62	\$ 7,143.02	\$ 115.21	.437	\$ 7143.02	\$ 50.30
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	62	7,143.02	115.21	.437	7143.02	50.30
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 8.93	\$ 8.93	.007	\$ 8.93	\$ .06
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	1	1	8.93	8.93	.007	8.93	.06
@ORGANIZED OUTPATIENT CLINIC	15	32	\$ 1,728.69	\$ 54.02	.225	\$ 115.25	\$ 12.17
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	1	1	208.21	208.21	.007	208.21	1.47
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	14	31	1,520.48	49.05	.218	108.61	10.71

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COLUSA COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - AGED      AID CODE 16

142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	37	184	\$ 1,924.52	\$ 10.46	1.296	\$ 52.01	\$ 13.55
DURABLE MED. EQUIP.	2	2	113.50	56.75	.014	56.75	.80
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	50.00	25.00	.014	25.00	.35
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	21	272.39	12.97	.148	30.27	1.92
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	6	137.94	22.99	.042	45.98	.97
PROSTHETICS	3	6	137.94	22.99	.042	45.98	.97
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	26	153	1,350.69	8.83	1.077	51.95	9.51
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	73	309	\$ 6,013.85	\$ 19.46	2.176	\$ 82.38	\$ 42.35

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,641  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 COLUSA COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - BLIND      AID CODES 26 6A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,642
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,643
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,644

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
MOP024 FEE-FOR-SERVICE/DENTAL  
COLUSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6CPAGE 1,645  
01/29/04

83 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	84	526	\$ 40,501.78	\$ 77.00	6.337	\$ 482.16	\$ 487.97
@PHYSICIANS SERVICES	9	14	\$ 583.43	\$ 41.67	.169	\$ 64.83	\$ 7.03
OUTPATIENT VISITS	1	1	37.50	37.50	.012	37.50	.45
OFFICE VISITS	1	1	37.50	37.50	.012	37.50	.45
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	3	163.70	54.57	.036	163.70	1.97
HOSPITAL VISITS	1	3	163.70	54.57	.036	163.70	1.97
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	8	10		382.23	38.22	.120	47.78	4.61
@PHARMACY	78	342	\$	29,475.09	\$ 86.18	4.120	\$ 377.89	\$ 355.12
PRESCRIPTION DRUGS	77	247		29,173.48	118.11	2.976	378.88	351.49

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	77	247	29,173.48	118.11	2.976	378.88	351.49
MEDICAL SUPPLIES	6	95	301.61	3.17	1.145	50.27	3.63
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

PAGE 1,646 01/29/04

83 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	4	\$ 85.91	\$ 21.48	.048	\$ 42.96	\$ 1.04
DIAGNOSTIC AND ANC. PROCED	1	1	32.80	32.80	.012	32.80	.40
EYE APPLIANCES	1	3	53.11	17.70	.036	53.11	.64
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	15	31	\$ 7,416.79	\$ 239.25	.373	\$ 494.45	\$ 89.36
HOSP INPATIENT TOTAL	3	3	7,049.34	2349.78	.036	2349.78	84.93
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	3	5,369.34	1789.78	.036	5369.34	64.69
ACCOMMODATIONS	1	3	1,763.20	587.73	.036	1763.20	21.24
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,763.20	587.73	.036	1763.20	21.24
ANCILLARIES	1	0	3,606.14	.00	.000	3606.14	43.45
INPATIENT CROSSOVERS	2	0	1,680.00	.00	.000	840.00	20.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	12	28	367.45	13.12	.337	30.62	4.43
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	12	28	367.45	13.12	.337	30.62	4.43
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,647  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 COLUSA COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

83 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	31	\$ 7,416.79	\$ 239.25	.373	\$ 494.45	\$ 89.36
COMM HOSP INPATIENT TOTAL	3	3	7,049.34	2349.78	.036	2349.78	84.93
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3	5,369.34	1789.78	.036	5369.34	64.69
ACCOMMODATIONS	1	3	1,763.20	587.73	.036	1763.20	21.24
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,763.20	587.73	.036	1763.20	21.24
ANCILLARIES	1	0	3,606.14	.00	.000	3606.14	43.45
INPATIENT CROSSOVERS	2	0	1,680.00	.00	.000	840.00	20.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	12	28	367.45	13.12	.337	30.62	4.43
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	12	28	367.45	13.12	.337	30.62	4.43
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	14	19	\$	713.84	\$ 37.57	.229	\$ 50.99	\$ 8.60
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	14	19		713.84	37.57	.229	50.99	8.60

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,648  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

83 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	23	116	\$ 2,226.72	\$ 19.20	1.398	\$ 96.81	\$ 26.83
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	5	106.79	21.36	.060	53.40	1.29
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	3	33.25	11.08	.036	33.25	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	21	108	2,086.68	19.32	1.301	99.37	25.14
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	33	233	\$ 4,539.26	\$ 19.48	2.807	\$ 137.55	\$ 54.69

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,649  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES      DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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COLUSA COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - FAMILIES      DISCONTINUED

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,651
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						----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	

LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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## COLUSA COUNTY

## SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

225 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	239	1,573	\$ 86,099.22	\$ 54.74	6.991	\$ 360.25	\$ 382.66
@PHYSICIANS SERVICES	34	62	\$ 1,795.57	\$ 28.96	.276	\$ 52.81	\$ 7.98
OUTPATIENT VISITS	1	1	37.50	37.50	.004	37.50	.17
OFFICE VISITS	1	1	37.50	37.50	.004	37.50	.17
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	3	163.70	54.57	.013	163.70	.73
HOSPITAL VISITS	1	3	163.70	54.57	.013	163.70	.73
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	33	58	1,594.37	27.49	.258	48.31	7.09
@PHARMACY	227	879	\$ 59,747.37	\$ 67.97	3.907	\$ 263.20	\$ 265.54
PRESCRIPTION DRUGS	226	770	59,103.93	76.76	3.422	261.52	262.68
SNF/ICF	3	23	734.92	31.95	.102	244.97	3.27
OUTPATIENTS	223	747	58,369.01	78.14	3.320	261.74	259.42
MEDICAL SUPPLIES	12	109	643.44	5.90	.484	53.62	2.86
@DENTIST	1	4	\$ 41.00	\$ 10.25	.018	\$ 41.00	\$ .18
VISITS - DIAGNOSTIC	1	4	41.00	10.25	.018	41.00	.18
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
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SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

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225 ELIGIBLES

USERS

UNITS OF SERVICE  
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST  
PER UNIT/DAY

MONTHLY AVERAGE  
UNITS/DAYS COST PER COST PER  
PER ELIG USER ELIGIBLE

@OPTOMETRIST	6	13	\$	193.42	\$	14.88	.058	\$	32.24	\$	.86
DIAGNOSTIC AND ANC. PROCED	1	1		32.80		32.80	.004		32.80		.15
EYE APPLIANCES	4	10		159.56		15.96	.044		39.89		.71
OTHER OPTOMETRIC SERVICES	1	2		1.06		.53	.009		1.06		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	11	11	\$	37.08	\$	3.37	.049	\$	3.37	\$	.16
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	11	11		37.08		3.37	.049		3.37		.16
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	52	190	\$	10,539.06	\$	55.47	.844	\$	202.67	\$	46.84
HOSP INPATIENT TOTAL	5	4		8,729.34		2182.34	.018		1745.87		38.80
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	3		5,369.34		1789.78	.013		5369.34		23.86
ACCOMMODATIONS	1	3		1,763.20		587.73	.013		1763.20		7.84
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	3		1,763.20		587.73	.013		1763.20		7.84
ANCILLARIES	1	0		3,606.14		.00	.000		3606.14		16.03
INPATIENT CROSSOVERS	4	1		3,360.00		3360.00	.004		840.00		14.93
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	47	186		1,809.72		9.73	.827		38.50		8.04
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	47	186		1,809.72		9.73	.827		38.50		8.04
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 1,655
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL										

	225 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	52		190	\$ 10,539.06	\$ 55.47	.844	\$ 202.67	\$ 46.84

COMM HOSP INPATIENT TOTAL	5	4	8,729.34	2182.34	.018	1745.87	38.80
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3	5,369.34	1789.78	.013	5369.34	23.86
ACCOMMODATIONS	1	3	1,763.20	587.73	.013	1763.20	7.84
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,763.20	587.73	.013	1763.20	7.84
ANCILLARIES	1	0	3,606.14	.00	.000	3606.14	16.03
INPATIENT CROSSOVERS	4	1	3,360.00	3360.00	.004	840.00	14.93
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	47	186	1,809.72	9.73	.827	38.50	8.04
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	47	186		1,809.72	9.73	.827	38.50	8.04
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	62	\$	7,143.02	115.21	.276	7143.02	31.75
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	62		7,143.02	115.21	.276	7143.02	31.75
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	8.93	8.93	.004	8.93	.04
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	1	1		8.93	8.93	.004	8.93	.04
@ORGANIZED OUTPATIENT CLINIC	29	51	\$	2,442.53	47.89	.227	84.23	10.86
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	1	1		208.21	208.21	.004	208.21	.93
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	28	50		2,234.32	44.69	.222	79.80	9.93
#CALIF DEPT OF HEALTH SERV								
MOP024								
COLUSA COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

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225 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	60	300	\$ 4,151.24	\$ 13.84	1.333	\$ 69.19	\$ 18.45
DURABLE MED. EQUIP.	2	2	113.50	56.75	.009	56.75	.50
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	7	156.79	22.40	.031	39.20	.70
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	24	305.64	12.74	.107	30.56	1.36
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	6	137.94	22.99	.027	45.98	.61
PROSTHETICS	3	6	137.94	22.99	.027	45.98	.61
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	47	261	3,437.37	13.17	1.160	73.14	15.28
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	106	542	\$ 10,553.11	\$ 19.47	2.409	\$ 99.56	\$ 46.90

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,657  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 COLUSA COUNTY      SUMMARY OF SERVICES FOR      IN HOME SUPPORT - AGED      AID CODE 18

200 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	215	9,207	\$ 112,706.36	\$ 12.24	46.035	\$ 524.22	\$ 563.53
@PHYSICIANS SERVICES	19	56	\$ 966.87	\$ 17.27	.280	\$ 50.89	\$ 4.83
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	19	56	966.87	17.27	.280	50.89	4.83
@PHARMACY	174	7,747	\$ 46,970.29	\$ 6.06	38.735	\$ 269.94	\$ 234.85
PRESCRIPTION DRUGS	155	546	40,781.98	74.69	2.730	263.11	203.91
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	155	546	40,781.98	74.69	2.730	263.11	203.91
MEDICAL SUPPLIES	46	7,201	6,188.31	.86	36.005	134.53	30.94
@DENTIST	1	6	\$ 236.00	\$ 39.33	.030	\$ 236.00	\$ 1.18
VISITS - DIAGNOSTIC	1	2	70.00	35.00	.010	70.00	.35
ORAL SURGERY	1	4	166.00	41.50	.020	166.00	.83
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,658
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED						
				AID CODE 18			
					----- MONTHLY AVERAGE -----		
200 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	9 \$	149.07	\$ 16.56	.045	\$ 49.69	\$ .75
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	3	9	149.07	16.56	.045	49.69	.75
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	12	12 \$	90.27	\$ 7.52	.060	\$ 7.52	\$ .45
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	12	12	90.27	7.52	.060	7.52	.45
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	49	224 \$	6,362.27	\$ 28.40	1.120	\$ 129.84	\$ 31.81
HOSP INPATIENT TOTAL	4	43	4,787.93	111.35	.215	1196.98	23.94
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	43	4,787.93	111.35	.215	1196.98	23.94
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	47	181	1,574.34	8.70	.905	33.50	7.87
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	7.31	3.66	.010	7.31	.04
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	28.25	14.13	.010	14.13	.14
CROSSOVERS/ALL OTH OUTPTNT	46	177	1,538.78	8.69	.885	33.45	7.69
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,659  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR      IN HOME SUPPORT - AGED      AID CODE 18

200 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	49	224	\$ 6,362.27	\$ 28.40	1.120	\$ 129.84	\$ 31.81
COMM HOSP INPATIENT TOTAL	4	43	4,787.93	111.35	.215	1196.98	23.94
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	43	4,787.93	111.35	.215	1196.98	23.94
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	47	181	1,574.34	8.70	.905	33.50	7.87
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	7.31	3.66	.010	7.31	.04
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	28.25	14.13	.010	14.13	.14
CROSSOVERS/ALL OTH OUTPTNT	46	177	1,538.78	8.69	.885	33.45	7.69
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	14	421	\$ 47,922.62	\$ 113.83	2.105	\$ 3423.04	\$ 239.61
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	14	421	47,922.62	113.83	2.105	3423.04	239.61
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	21	33	\$ 2,459.98	\$ 74.54	.165	\$ 117.14	\$ 12.30
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	3	3	591.27	197.09	.015	197.09	2.96
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	19	30	1,868.71	62.29	.150	98.35	9.34

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,660  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR      IN HOME SUPPORT - AGED      AID CODE 18

200 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	----- MONTHLY AVERAGE -----		
					UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	78	699	\$	7,548.99	\$ 10.80	3.495	\$ 96.78	\$ 37.74
DURABLE MED. EQUIP.	6	11		2,349.71	213.61	.055	391.62	11.75
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2		50.00	25.00	.010	25.00	.25
MEDICAL TRANSPORTATION	3	91		38.78	.43	.455	12.93	.19
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	3	91		38.78	.43	.455	12.93	.19
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	5	10		116.08	11.61	.050	23.22	.58
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	2	4	3.48	.87	.020	1.74	.02
PROSTHETIST/ORTHOTISTS	1	2	21.48	10.74	.010	21.48	.11
PROSTHETICS	1	2	21.48	10.74	.010	21.48	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	64	579	4,969.46	8.58	2.895	77.65	24.85
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	120	628	\$ 16,436.27	\$ 26.17	3.140	\$ 136.97	\$ 82.18

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,661
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	24	122	\$ 5,674.75	\$ 46.51	5.083	\$ 236.45	\$ 236.45
@PHYSICIANS SERVICES	12	16	\$ 285.05	\$ 17.82	.667	\$ 23.75	\$ 11.88
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	12	16	285.05	17.82	.667	23.75	11.88
@PHARMACY	12	44	\$ 2,859.77	\$ 64.99	1.833	\$ 238.31	\$ 119.16
PRESCRIPTION DRUGS	12	44	2,859.77	64.99	1.833	238.31	119.16
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	12	44	2,859.77	64.99	1.833	238.31	119.16
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,662  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND      AID CODE 28

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00 .00
EYE APPLIANCES	0	0	.00	.00	.000 .00 .00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	1	1	\$ 26.40	\$ 26.40	.042 \$ 26.40 \$ 1.10
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	1	1	26.40	26.40	.042 26.40 1.10
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000 .00 .00
NURSE MIDWIFE	0	0	.00	.00	.000 .00 .00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000 .00 .00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000 .00 .00
@TOTAL HOSPITAL	5	35	\$ 1,821.80	\$ 52.05	1.458 \$ 364.36 \$ 75.91
HOSP INPATIENT TOTAL	2	5	1,680.00	336.00	.208 840.00 70.00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	2	5	1,680.00	336.00	.208 840.00 70.00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
HOSP OUTPATIENT TOTAL	4	30	141.80	4.73	1.250 35.45 5.91
MEDICAL	0	0	.00	.00	.000 .00 .00
SURGERY	0	0	.00	.00	.000 .00 .00
PATHOLOGY	0	0	.00	.00	.000 .00 .00
RADIOLOGY	0	0	.00	.00	.000 .00 .00
ROOM USE	0	0	.00	.00	.000 .00 .00
CROSSOVERS/ALL OTH OUTPTNT	4	30	141.80	4.73	1.250 35.45 5.91
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,663  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND      AID CODE 28

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	35	\$ 1,821.80	\$ 52.05	1.458	\$ 364.36	\$ 75.91
COMM HOSP INPATIENT TOTAL	2	5	1,680.00	336.00	.208	840.00	70.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	5	1,680.00	336.00	.208	840.00	70.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	30	141.80	4.73	1.250	35.45	5.91
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	30	141.80	4.73	1.250	35.45	5.91
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,664  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND      AID CODE 28

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8	26	\$ 681.73	\$ 26.22	1.083	\$ 85.22	\$ 28.41
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	6	147.41	24.57	.250	147.41	6.14
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	6	147.41	24.57	.250	147.41	6.14
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	20	534.32	26.72	.833	66.79	22.26
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	21	73	\$ 2,814.98	\$ 38.56	3.042	\$ 134.05	\$ 117.29

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,665
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED	AID CODE 68

192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	194	8,991	\$ 135,413.38	\$ 15.06	46.828	\$ 698.01	\$ 705.28
@PHYSICIANS SERVICES	44	138	\$ 3,832.41	\$ 27.77	.719	\$ 87.10	\$ 19.96
OUTPATIENT VISITS	5	7	318.80	45.54	.036	63.76	1.66
OFFICE VISITS	5	7	318.80	45.54	.036	63.76	1.66
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRES PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	3	108.06	36.02	.016	54.03	.56

HOSPITAL VISITS	2	3	108.06	36.02	.016	54.03	.56
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	33.78	33.78	.005	33.78	.18
EXAMINATIONS	1	1	33.78	33.78	.005	33.78	.18
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	22	1,897.84	86.27	.115	632.61	9.88
PRINCIPAL SURGEON	3	3	1,643.84	547.95	.016	547.95	8.56
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	19	254.00	13.37	.099	254.00	1.32
OUTPATIENT SURGERY	1	1	234.18	234.18	.005	234.18	1.22
PRINCIPAL SURGEON	1	1	234.18	234.18	.005	234.18	1.22
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	2	3		101.51		33.84	.016	50.76	.53
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	33	101		1,138.24		11.27	.526	34.49	5.93
@PHARMACY	171	5,025	\$	89,365.67	\$	17.78	26.172	\$ 522.61	\$ 465.45
PRESCRIPTION DRUGS	167	778		84,143.82		108.15	4.052	503.86	438.25
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	167	778		84,143.82		108.15	4.052	503.86	438.25
MEDICAL SUPPLIES	39	4,247		5,221.85		1.23	22.120	133.89	27.20
@DENTIST	11	39	\$	2,000.00	\$	51.28	.203	\$ 181.82	\$ 10.42
VISITS - DIAGNOSTIC	6	20		250.00		12.50	.104	41.67	1.30
ORAL SURGERY	2	3		255.00		85.00	.016	127.50	1.33
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	5		307.00		61.40	.026	102.33	1.60
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	2	11		1,188.00		108.00	.057	594.00	6.19
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 1,666
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68								

192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
						UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	2	6	\$	106.22	\$ 17.70	.031	\$ 53.11	\$ .55
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	2	6		106.22	17.70	.031	53.11	.55
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	8	25	\$	1,736.45	\$ 69.46	.130	\$ 217.06	\$ 9.04
NURSE ANESTHESIST	2	4	\$	101.71	\$ 25.43	.021	\$ 50.86	\$ .53
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	50	245	\$	17,735.53	\$ 72.39	1.276	\$ 354.71	\$ 92.37
HOSP INPATIENT TOTAL	5	10		13,865.80	1386.58	.052	2773.16	72.22
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	3		10,793.64	3597.88	.016	10793.64	56.22
ACCOMMODATIONS	1	3		3,085.92	1028.64	.016	3085.92	16.07
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3		3,085.92	1028.64	.016	3085.92	16.07
ANCILLARIES	1	0		7,707.72	.00	.000	7707.72	40.14
INPATIENT CROSSOVERS	4	7		3,072.16	438.88	.036	768.04	16.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	46	235		3,869.73	16.47	1.224	84.12	20.15
MEDICAL	6	7		352.56	50.37	.036	58.76	1.84

SURGERY	1	1	14.43	14.43	.005	14.43	.08
PATHOLOGY	7	27	183.44	6.79	.141	26.21	.96
RADIOLOGY	3	4	46.54	11.64	.021	15.51	.24
ROOM USE	8	9	324.75	36.08	.047	40.59	1.69
CROSSOVERS/ALL OTH OUTPTNT	41	187	2,948.01	15.76	.974	71.90	15.35
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04  
COLUSA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	50	245	\$ 17,735.53	\$ 72.39	1.276	\$ 354.71	\$ 92.37
COMM HOSP INPATIENT TOTAL	5	10	13,865.80	1386.58	.052	2773.16	72.22
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3	10,793.64	3597.88	.016	10793.64	56.22
ACCOMMODATIONS	1	3	3,085.92	1028.64	.016	3085.92	16.07
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	3,085.92	1028.64	.016	3085.92	16.07
ANCILLARIES	1	0	7,707.72	.00	.000	7707.72	40.14
INPATIENT CROSSOVERS	4	7	3,072.16	438.88	.036	768.04	16.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	46	235	3,869.73	16.47	1.224	84.12	20.15
MEDICAL	6	7	352.56	50.37	.036	58.76	1.84
SURGERY	1	1	14.43	14.43	.005	14.43	.08
PATHOLOGY	7	27	183.44	6.79	.141	26.21	.96
RADIOLOGY	3	4	46.54	11.64	.021	15.51	.24
ROOM USE	8	9	324.75	36.08	.047	40.59	1.69
CROSSOVERS/ALL OTH OUTPTNT	41	187	2,948.01	15.76	.974	71.90	15.35
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00		.000		.00		.00
@HEMODIALYSIS TOTAL	9	11	\$	5,969.85	\$	542.71		.057	\$	663.32	\$	31.09
HOSPITAL BASED	0	0		.00		.00		.000		.00		.00
HEMODIALYSIS CENTER	9	11		5,969.85		542.71		.057		663.32		31.09
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00		.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00		.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00		.000		.00		.00
@LABORATORY FACILITY	3	11	\$	252.79	\$	22.98		.057	\$	84.26	\$	1.32
PATHOLOGY	3	11		252.79		22.98		.057		84.26		1.32
XO AND OTHERS	0	0		.00		.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	19	24	\$	1,389.03	\$	57.88		.125	\$	73.11	\$	7.23
CLINIC	0	0		.00		.00		.000		.00		.00
SURGICENTER	0	0		.00		.00		.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00		.000		.00		.00
RURAL HEALTH CLINIC	19	24		1,389.03		57.88		.125		73.11		7.23

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

AID CODE 68

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192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	37	3,463	\$ 12,923.72	\$ 3.73	18.036	\$ 349.29	\$ 67.31
DURABLE MED. EQUIP.	3	5	1,406.93	281.39	.026	468.98	7.33
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	30.24	30.24	.005	30.24	.16
MEDICAL TRANSPORTATION	12	1,245	6,806.19	5.47	6.484	567.18	35.45
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	11	1,245	6,806.19	5.47	6.484	618.74	35.45
OTHER SERVICES	1	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	6	82.72	13.79	.031	41.36	.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	404.37	202.19	.010	202.19	2.11
PROSTHETICS	2	2	404.37	202.19	.010	202.19	2.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	19	2,204	4,193.27	1.90	11.479	220.70	21.84
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	81	1,697	\$ 16,315.00	\$ 9.61	8.839	\$ 201.42	\$ 84.97

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

PAGE 1,669 01/29/04

416 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	433	18,320	\$	253,794.49	\$	13.85	44.038	\$	586.13	\$	610.08
@PHYSICIANS SERVICES	75	210	\$	5,084.33	\$	24.21	.505	\$	67.79	\$	12.22
OUTPATIENT VISITS	5	7		318.80		45.54	.017		63.76		.77
OFFICE VISITS	5	7		318.80		45.54	.017		63.76		.77
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	2	3		108.06		36.02	.007		54.03		.26
HOSPITAL VISITS	2	3		108.06		36.02	.007		54.03		.26
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		33.78		33.78	.002		33.78		.08
EXAMINATIONS	1	1		33.78		33.78	.002		33.78		.08
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	3	22		1,897.84		86.27	.053		632.61		4.56
PRINCIPAL SURGEON	3	3		1,643.84		547.95	.007		547.95		3.95
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	19		254.00		13.37	.046		254.00		.61
OUTPATIENT SURGERY	1	1		234.18		234.18	.002		234.18		.56
PRINCIPAL SURGEON	1	1		234.18		234.18	.002		234.18		.56
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	2	3		101.51		33.84	.007		50.76		.24
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	64	173		2,390.16		13.82	.416		37.35		5.75
@PHARMACY	357	12,816	\$	139,195.73	\$	10.86	30.808	\$	389.90	\$	334.61
PRESCRIPTION DRUGS	334	1,368		127,785.57		93.41	3.288		382.59		307.18
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	334	1,368		127,785.57		93.41	3.288		382.59		307.18
MEDICAL SUPPLIES	85	11,448		11,410.16		1.00	27.519		134.24		27.43
@DENTIST	12	45	\$	2,236.00	\$	49.69	.108	\$	186.33	\$	5.38
VISITS - DIAGNOSTIC	7	22		320.00		14.55	.053		45.71		.77
ORAL SURGERY	3	7		421.00		60.14	.017		140.33		1.01
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	3	5		307.00		61.40	.012		102.33		.74
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	11		1,188.00		108.00	.026		594.00		2.86
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 1,670
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL										

	416 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	15	\$	255.29	\$ 17.02	.036	\$ 51.06	\$ .61
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	5	15		255.29	17.02	.036	51.06	.61
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	13	13	\$	116.67	\$	8.97	.031	\$	8.97	\$	.28
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	13	13		116.67		8.97	.031		8.97		.28
@HOME HEALTH AGENCY	8	25	\$	1,736.45	\$	69.46	.060	\$	217.06	\$	4.17
NURSE ANESTHESIST	2	4	\$	101.71	\$	25.43	.010	\$	50.86	\$	.24
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	104	504	\$	25,919.60	\$	51.43	1.212	\$	249.23	\$	62.31
HOSP INPATIENT TOTAL	11	58		20,333.73		350.58	.139		1848.52		48.88
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	1	3	10,793.64	3597.88	.007	10793.64	25.95
ACCOMMODATIONS	1	3	3,085.92	1028.64	.007	3085.92	7.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	3,085.92	1028.64	.007	3085.92	7.42
ANCILLARIES	1	0	7,707.72	.00	.000	7707.72	18.53
INPATIENT CROSSOVERS	10	55	9,540.09	173.46	.132	954.01	22.93
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	97	446	5,585.87	12.52	1.072	57.59	13.43
MEDICAL	6	7	352.56	50.37	.017	58.76	.85
SURGERY	1	1	14.43	14.43	.002	14.43	.03
PATHOLOGY	8	29	190.75	6.58	.070	23.84	.46
RADIOLOGY	3	4	46.54	11.64	.010	15.51	.11
ROOM USE	10	11	353.00	32.09	.026	35.30	.85
CROSSOVERS/ALL OTH OUTPTNT	91	394	4,628.59	11.75	.947	50.86	11.13
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,671
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COLUSA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL						

416 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	104	504	\$ 25,919.60	\$ 51.43	1.212	\$ 249.23	\$ 62.31
COMM HOSP INPATIENT TOTAL	11	58	20,333.73	350.58	.139	1848.52	48.88
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3	10,793.64	3597.88	.007	10793.64	25.95
ACCOMMODATIONS	1	3	3,085.92	1028.64	.007	3085.92	7.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	3,085.92	1028.64	.007	3085.92	7.42
ANCILLARIES	1	0	7,707.72	.00	.000	7707.72	18.53
INPATIENT CROSSOVERS	10	55	9,540.09	173.46	.132	954.01	22.93
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	97	446	5,585.87	12.52	1.072	57.59	13.43
MEDICAL	6	7	352.56	50.37	.017	58.76	.85
SURGERY	1	1	14.43	14.43	.002	14.43	.03
PATHOLOGY	8	29	190.75	6.58	.070	23.84	.46
RADIOLOGY	3	4	46.54	11.64	.010	15.51	.11
ROOM USE	10	11	353.00	32.09	.026	35.30	.85
CROSSOVERS/ALL OTH OUTPTNT	91	394	4,628.59	11.75	.947	50.86	11.13
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

416 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	123	4,188	\$ 21,154.44	\$ 5.05	10.067	\$ 171.99	\$ 50.85
DURABLE MED. EQUIP.	9	16	3,756.64	234.79	.038	417.40	9.03
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3	80.24	26.75	.007	26.75	.19
MEDICAL TRANSPORTATION	16	1,342	6,992.38	5.21	3.226	437.02	16.81
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	11	1,245	6,806.19	5.47	2.993	618.74	16.36
OTHER SERVICES	5	97	186.19	1.92	.233	37.24	.45
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	16	198.80	12.43	.038	28.40	.48
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	3.48	.87	.010	1.74	.01
PROSTHETIST/ORTHOTISTS	3	4	425.85	106.46	.010	141.95	1.02
PROSTHETICS	3	4	425.85	106.46	.010	141.95	1.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	91	2,803	9,697.05	3.46	6.738	106.56	23.31
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@XOVER EXCLUDING STATE HOSP\*\* 222 2,398 \$ 35,566.25 \$ 14.83 5.764 \$ 160.21 \$ 85.50

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

2,392 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,863	48,541	\$ 841,851.29	\$ 17.34	20.293	\$ 451.88	\$ 351.94
@PHYSICIANS SERVICES	298	700	\$ 12,659.52	\$ 18.09	.293	\$ 42.48	\$ 5.29
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	1,005.21	1005.21	.000	1005.21	.42
PRINCIPAL SURGEON	1	1	1,005.21	1005.21	.000	1005.21	.42
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	297	699	11,654.31	16.67	.292	39.24	4.87
@PHARMACY	1,653	29,223	\$ 461,005.19	\$ 15.78	12.217	\$ 278.89	\$ 192.73
PRESCRIPTION DRUGS	1,616	5,635	439,013.42	77.91	2.356	271.67	183.53
SNF/ICF	35	168	7,479.73	44.52	.070	213.71	3.13
OUTPATIENTS	1,586	5,467	431,533.69	78.93	2.286	272.09	180.41
MEDICAL SUPPLIES	227	23,588	21,991.77	.93	9.861	96.88	9.19
@DENTIST	49	158	\$ 7,992.00	\$ 50.58	.066	\$ 163.10	\$ 3.34
VISITS - DIAGNOSTIC	26	80	1,065.00	13.31	.033	40.96	.45
ORAL SURGERY	13	34	1,385.00	40.74	.014	106.54	.58
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	5	5	710.00	142.00	.002	142.00	.30
ENDODONTICS	1	1	330.00	330.00	.000	330.00	.14
RESTORATIVE DENTISTRY	8	12	871.00	72.58	.005	108.88	.36
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	14	26	3,631.00	139.65	.011	259.36	1.52
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	0	.00	.00	.000	.00	.00

2,392 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	39	97	\$ 1,832.78	\$ 18.89	.041	\$	46.99	\$ .77
DIAGNOSTIC AND ANC. PROCED	2	2	67.45	33.73	.001		33.73	.03
EYE APPLIANCES	28	84	1,406.14	16.74	.035		50.22	.59
OTHER OPTOMETRIC SERVICES	10	11	359.19	32.65	.005		35.92	.15
@CHIROPRACTOR	1	2	\$ 23.74	\$ 11.87	.001	\$	23.74	\$ .01
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	1	2	23.74	11.87	.001		23.74	.01
@PODIATRIST	63	71	\$ 566.07	\$ 7.97	.030	\$	8.99	\$ .24
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	63	71	566.07	7.97	.030		8.99	.24
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
NURSE ANESTHESIST	2	18	\$ 195.71	\$ 10.87	.008	\$	97.86	\$ .08
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
@TOTAL HOSPITAL	377	1,997	\$ 83,420.12	\$ 41.77	.835	\$	221.27	\$ 34.87
HOSP INPATIENT TOTAL	39	169	63,612.56	376.41	.071		1631.09	26.59
HSC HOSPITALS	1	0	39.32	.00	.000		39.32	.02
NON-HSC HOSPITAL TOTAL	5	32	36,218.66	1131.83	.013		7243.73	15.14
ACCOMMODATIONS	5	32	13,790.81	430.96	.013		2758.16	5.77
ADMINISTRATIVE DAYS	1	2	456.77	228.39	.001		456.77	.19
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	5	30	13,334.04	444.47	.013		2666.81	5.57
ANCILLARIES	4	0	22,427.85	.00	.000		5606.96	9.38
INPATIENT CROSSOVERS	33	137	27,354.58	199.67	.057		828.93	11.44
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	353	1,828	19,807.56	10.84	.764		56.11	8.28
MEDICAL	1	2	139.24	69.62	.001		139.24	.06
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	3	15	136.50	9.10	.006		45.50	.06
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	2	2	28.25	14.13	.001		14.13	.01
CROSSOVERS/ALL OTH OUTPTNT	350	1,809	19,503.57	10.78	.756		55.72	8.15
@COUNTY HOSPITAL TOTAL	1	0	\$ 39.32	\$ .00	.000	\$	39.32	\$ .02
CO HOSPITAL INPATIENT TOTAL	1	0	39.32	.00	.000		39.32	.02
HSC HOSPITALS	1	0	39.32	.00	.000		39.32	.02
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00

MOP024  
COLUSA COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

01/29/04

2,392 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	376	1,997	\$ 83,380.80	\$ 41.75	.835	\$ 221.76	\$ 34.86
COMM HOSP INPATIENT TOTAL	38	169	63,573.24	376.17	.071	1672.98	26.58
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	5	32	36,218.66	1131.83	.013	7243.73	15.14
ACCOMMODATIONS	5	32	13,790.81	430.96	.013	2758.16	5.77
ADMINISTRATIVE DAYS	1	2	456.77	228.39	.001	456.77	.19
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	30	13,334.04	444.47	.013	2666.81	5.57
ANCILLARIES	4	0	22,427.85	.00	.000	5606.96	9.38
INPATIENT CROSSOVERS	33	137	27,354.58	199.67	.057	828.93	11.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	353	1,828		19,807.56	10.84	.764	56.11	8.28
MEDICAL	1	2		139.24	69.62	.001	139.24	.06
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	15		136.50	9.10	.006	45.50	.06
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	2	2		28.25	14.13	.001	14.13	.01
CROSSOVERS/ALL OTH OUTPTNT	350	1,809		19,503.57	10.78	.756	55.72	8.15
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	54	1,525	\$	179,876.16	117.95	.638	3331.04	75.20
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	54	1,525		179,876.16	117.95	.638	3331.04	75.20
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	21	32	\$	13,986.09	437.07	.013	666.00	5.85
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	21	32		13,986.09	437.07	.013	666.00	5.85
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	3	\$	26.74	8.91	.001	8.91	.01
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	3	3		26.74	8.91	.001	8.91	.01
@ORGANIZED OUTPATIENT CLINIC	238	404	\$	22,330.60	55.27	.169	93.83	9.34
CLINIC	3	4		60.50	15.13	.002	20.17	.03
SURGICENTER	11	20		2,238.37	111.92	.008	203.49	.94
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	227	380		20,031.73	52.72	.159	88.25	8.37

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,676  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	2,392 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	323		14,311	\$ 57,936.57	\$ 4.05	5.983	\$ 179.37	\$ 24.22
DURABLE MED. EQUIP.	14		28	9,281.65	331.49	.012	662.98	3.88
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	13		16	2,768.67	173.04	.007	212.97	1.16
MEDICAL TRANSPORTATION	41		11,676	28,809.24	2.47	4.881	702.66	12.04
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00	.00
OTHER TRANS	25		11,286	27,689.64	2.45	4.718	1107.59	11.58
OTHER SERVICES	17		390	1,119.60	2.87	.163	65.86	.47
ACUPUNCTURE	2		8	129.76	16.22	.003	64.88	.05
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	49		108	1,509.36	13.98	.045	30.80	.63
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3		5	4.37	.87	.002	1.46	.00
PROSTHETIST/ORTHOTISTS	7		14	307.16	21.94	.006	43.88	.13
PROSTHETICS	7		14	307.16	21.94	.006	43.88	.13
ORTHOTICS	0		0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	742.29	247.43	.001	742.29	.31
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	219	2,453	14,384.07	5.86	1.026	65.68	6.01
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	820	5,028	\$ 97,780.02	\$ 19.45	2.102	\$ 119.24	\$ 40.88

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,677
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

211 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	176	12,051	\$ 180,569.52	\$ 14.98	57.114	\$ 1025.96	\$ 855.78
@PHYSICIANS SERVICES	58	136	\$ 5,401.02	\$ 39.71	.645	\$ 93.12	\$ 25.60
OUTPATIENT VISITS	26	35	1,652.38	47.21	.166	63.55	7.83
OFFICE VISITS	17	19	719.60	37.87	.090	42.33	3.41
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	7	516.97	73.85	.033	129.24	2.45
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	9	415.81	46.20	.043	51.98	1.97
INPATIENT VISITS	3	30	1,988.44	66.28	.142	662.81	9.42
HOSPITAL VISITS	3	28	1,537.32	54.90	.133	512.44	7.29
CRITICAL CARE	1	2	451.12	225.56	.009	451.12	2.14
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	94.73	31.58	.014	31.58	.45
EXAMINATIONS	3	3	94.73	31.58	.014	31.58	.45
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	358.88	358.88	.005	358.88	1.70
PRINCIPAL SURGEON	1	1	358.88	358.88	.005	358.88	1.70
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	7	161.40	23.06	.033	161.40	.76
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	161.40	23.06	.033	161.40	.76
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	5	32.90	6.58	.024	10.97	.16
RADIOLOGY	6	16	328.10	20.51	.076	54.68	1.55
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	30	39	784.19	20.11	.185	26.14	3.72
@PHARMACY	143	3,052	\$ 70,183.66	\$ 23.00	14.464	\$ 490.79	\$ 332.62
PRESCRIPTION DRUGS	143	629	65,676.61	104.41	2.981	459.28	311.26
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	143	629	65,676.61	104.41	2.981	459.28	311.26
MEDICAL SUPPLIES	20	2,423	4,507.05	1.86	11.483	225.35	21.36
@DENTIST	11	62	\$ 2,001.00	\$ 32.27	.294	\$ 181.91	\$ 9.48
VISITS - DIAGNOSTIC	6	41	444.00	10.83	.194	74.00	2.10
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	3	4	718.00	179.50	.019	239.33	3.40
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	10	509.00	50.90	.047	84.83	2.41
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	7	330.00	47.14	.033	110.00	1.56
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,678  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

211 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	8	\$ 159.31	\$ 19.91	.038	\$ 53.10	\$ .76
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.005	47.45	.22
EYE APPLIANCES	3	7	111.86	15.98	.033	37.29	.53
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	7	\$ 34.65	\$ 4.95	.033	\$ 8.66	\$ .16
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	7	34.65	4.95	.033	8.66	.16
@HOME HEALTH AGENCY	11	1,585	\$ 46,775.23	\$ 29.51	7.512	\$ 4252.29	\$ 221.68
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	41	221	\$ 41,158.05	\$ 186.24	1.047	\$ 1003.85	\$ 195.06
HOSP INPATIENT TOTAL	5	39	37,744.00	967.79	.185	7548.80	178.88
HSC HOSPITALS	2	30	35,224.00	1174.13	.142	17612.00	166.94
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	9	2,520.00	280.00	.043	840.00	11.94
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	37	182	3,414.05	18.76	.863	92.27	16.18
MEDICAL	3	6	113.29	18.88	.028	37.76	.54
SURGERY	1	1	69.11	69.11	.005	69.11	.33
PATHOLOGY	12	58	604.51	10.42	.275	50.38	2.86
RADIOLOGY	7	10	714.38	71.44	.047	102.05	3.39
ROOM USE	20	24	823.48	34.31	.114	41.17	3.90
CROSSOVERS/ALL OTH OUTPTNT	18	83	1,089.28	13.12	.393	60.52	5.16
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,679  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

211 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	41	221	\$ 41,158.05	\$ 186.24	1.047	\$ 1003.85	\$ 195.06
COMM HOSP INPATIENT TOTAL	5	39	37,744.00	967.79	.185	7548.80	178.88
HSC HOSPITALS	2	30	35,224.00	1174.13	.142	17612.00	166.94
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	9	2,520.00	280.00	.043	840.00	11.94
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	37	182	3,414.05	18.76	.863	92.27	16.18
MEDICAL	3	6	113.29	18.88	.028	37.76	.54
SURGERY	1	1	69.11	69.11	.005	69.11	.33
PATHOLOGY	12	58	604.51	10.42	.275	50.38	2.86
RADIOLOGY	7	10	714.38	71.44	.047	102.05	3.39
ROOM USE	20	24	823.48	34.31	.114	41.17	3.90
CROSSOVERS/ALL OTH OUTPTNT	18	83	1,089.28	13.12	.393	60.52	5.16
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	8	36	\$ 402.67	\$ 11.19	.171	\$ 50.33	\$ 1.91
PATHOLOGY	8	36	402.67	11.19	.171	50.33	1.91
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	27	43	\$ 3,675.76	\$ 85.48	.204	\$ 136.14	\$ 17.42
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC  
 #CALIF DEPT OF HEALTH SERV  
 MOP024  
 COLUSA COUNTY

27 43 3,675.76 85.48 .204 136.14 17.42  
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,680  
 FEE-FOR-SERVICE/DENTAL 01/29/04  
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

211 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	23	6,901	\$ 10,778.17	\$ 1.56	32.706	\$ 468.62	\$ 51.08
DURABLE MED. EQUIP.	4	8	2,891.51	361.44	.038	722.88	13.70
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	34	374.12	11.00	.161	124.71	1.77
AMBULANCES/AIR TRANS	2	28	226.71	8.10	.133	113.36	1.07
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	6	147.41	24.57	.028	147.41	.70
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	5	63.98	12.80	.024	21.33	.30
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	6,828	6,844.83	1.00	32.360	2281.61	32.44
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	26	603.73	23.22	.123	50.31	2.86
@CALIF. CHILDREN SERVICES*	10	256	\$ 47,578.31	\$ 185.85	1.213	\$ 4757.83	\$ 225.49
@XOVER EXCLUDING STATE HOSP**	43	141	\$ 4,360.15	\$ 30.92	.668	\$ 101.40	\$ 20.66

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,681
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED	

5,033 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,179	137,134	\$ 2,943,372.73	\$ 21.46	27.247	\$ 704.32	\$ 584.81
@PHYSICIANS SERVICES	1,036	3,907	\$ 132,860.55	\$ 34.01	.776	\$ 128.24	\$ 26.40
OUTPATIENT VISITS	419	640	24,117.84	37.68	.127	57.56	4.79
OFFICE VISITS	334	485	16,172.94	33.35	.096	48.42	3.21
HOME VISITS	13	16	646.60	40.41	.003	49.74	.13
EMERGENCY ROOM	66	101	6,063.40	60.03	.020	91.87	1.20
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.000	126.31	.03
OTHER OUTPATIENT	34	37	1,108.59	29.96	.007	32.61	.22
INPATIENT VISITS	61	512	25,416.96	49.64	.102	416.67	5.05
HOSPITAL VISITS	57	439	17,444.94	39.74	.087	306.05	3.47
CRITICAL CARE	14	67	7,817.62	116.68	.013	558.40	1.55
SNF/ICF/TRANS IP CARE	3	6	154.40	25.73	.001	51.47	.03
OPHTHALMOLOGICAL SERVICES	24	25	1,110.90	44.44	.005	46.29	.22
EXAMINATIONS	24	25	1,110.90	44.44	.005	46.29	.22
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	30	190	12,315.17	64.82	.038	410.51	2.45
PRINCIPAL SURGEON	21	34	9,349.94	275.00	.007	445.24	1.86
ASSISTANT SURGEON	1	1	121.61	121.61	.000	121.61	.02
ANESTHESIOLOGIST	12	155	2,843.62	18.35	.031	236.97	.56
OUTPATIENT SURGERY	83	244	20,357.35	83.43	.048	245.27	4.04
PRINCIPAL SURGEON	71	94	16,909.22	179.89	.019	238.16	3.36
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	20	150	3,448.13	22.99	.030	172.41	.69
DIALYSIS	25	238	6,871.69	28.87	.047	274.87	1.37
PATHOLOGY	48	106	2,125.26	20.05	.021	44.28	.42
RADIOLOGY	174	338	14,324.12	42.38	.067	82.32	2.85
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	19	141	2,574.56	18.26	.028	135.50	.51
OTHER SERVICES/ALL X-OVERS	519	1,473	23,646.70	16.05	.293	45.56	4.70

@PHARMACY	3,579	34,190	\$	1,545,196.14	\$	45.19	6.793	\$	431.74	\$	307.01
PRESCRIPTION DRUGS	3,551	15,799		1,507,597.70		95.42	3.139		424.56		299.54
SNF/ICF	33	292		16,302.22		55.83	.058		494.01		3.24
OUTPATIENTS	3,522	15,507		1,491,295.48		96.17	3.081		423.42		296.30
MEDICAL SUPPLIES	361	18,391		37,598.44		2.04	3.654		104.15		7.47
@DENTIST	125	695	\$	23,806.00	\$	34.25	.138	\$	190.45	\$	4.73
VISITS - DIAGNOSTIC	81	446		5,062.00		11.35	.089		62.49		1.01
ORAL SURGERY	19	60		3,525.00		58.75	.012		185.53		.70
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.000		100.00		.02
PERIODONTICS	12	13		1,864.00		143.38	.003		155.33		.37
ENDODONTICS	3	4		1,205.00		301.25	.001		401.67		.24
RESTORATIVE DENTISTRY	37	105		5,273.00		50.22	.021		142.51		1.05
PROSTHETICS	1	1		30.00		30.00	.000		30.00		.01
DENTURES, STAYPLATES	18	48		5,424.00		113.00	.010		301.33		1.08
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		48.00		48.00	.000		48.00		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	6	11		1,275.00		115.91	.002		212.50		.25
ALL OTHER SERVICES	4	5		.00		.00	.001		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

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----- MONTHLY AVERAGE -----											
5,033 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				
@OPTOMETRIST	100	260	\$	5,392.75	\$	20.74	.052	\$	53.93	\$	1.07
DIAGNOSTIC AND ANC. PROCED	36	36		1,604.52		44.57	.007		44.57		.32
EYE APPLIANCES	75	211		3,459.79		16.40	.042		46.13		.69
OTHER OPTOMETRIC SERVICES	10	13		328.44		25.26	.003		32.84		.07
@CHIROPRACTOR	6	9	\$	132.04	\$	14.67	.002	\$	22.01	\$	.03
VISITS	3	4		66.88		16.72	.001		22.29		.01
OTHER SERVICES	3	5		65.16		13.03	.001		21.72		.01
@PODIATRIST	35	48	\$	684.01	\$	14.25	.010	\$	19.54	\$	.14
MEDICINE/INJECTIONS	2	3		123.40		41.13	.001		61.70		.02
SURGERY/ANES.	5	5		65.00		13.00	.001		13.00		.01
RADIO./PATHOLOGY	1	2		34.60		17.30	.000		34.60		.01
OTHER	28	38		461.01		12.13	.008		16.46		.09
@HOME HEALTH AGENCY	43	386	\$	20,571.36	\$	53.29	.077	\$	478.40	\$	4.09
NURSE ANESTHESIST	18	79	\$	1,422.26	\$	18.00	.016	\$	79.01	\$	.28
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	1	1	\$	208.49	\$	208.49	.000	\$	208.49	\$	.04
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1,178	5,885	\$	651,192.82	\$	110.65	1.169	\$	552.80	\$	129.38
HOSP INPATIENT TOTAL	99	481		544,575.03		1132.17	.096		5500.76		108.20
HSC HOSPITALS	16	194		218,275.00		1125.13	.039		13642.19		43.37
NON-HSC HOSPITAL TOTAL	47	141		292,854.95		2076.99	.028		6230.96		58.19
ACCOMMODATIONS	47	141		73,734.87		522.94	.028		1568.83		14.65
ADMINISTRATIVE DAYS	2	11		2,326.72		211.52	.002		1163.36		.46
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	45	130		71,408.15		549.29	.026		1586.85		14.19
ANCILLARIES	46	0		219,120.08		.00	.000		4763.48		43.54
INPATIENT CROSSOVERS	39	146		33,445.08		229.08	.029		857.57		6.65
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,123	5,404		106,617.79		19.73	1.074		94.94		21.18
MEDICAL	163	275		10,718.47		38.98	.055		65.76		2.13
SURGERY	63	67		3,785.96		56.51	.013		60.09		.75
PATHOLOGY	377	1,418		15,513.34		10.94	.282		41.15		3.08
RADIOLOGY	234	357		19,384.79		54.30	.071		82.84		3.85
ROOM USE	342	497		21,747.72		43.76	.099		63.59		4.32

CROSSOVERS/ALL OTH OUTPTNT	677	2,790		35,467.51		12.71	.554	52.39	7.05
@COUNTY HOSPITAL TOTAL	3	24	\$	1,018.13	\$	42.42	.005	\$ 339.38	\$ .20
CO HOSPITAL INPATIENT TOTAL	1	18		840.00		46.67	.004	840.00	.17
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	1	18		840.00		46.67	.004	840.00	.17
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	6		178.13		29.69	.001	89.07	.04
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	6		178.13		29.69	.001	89.07	.04

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COLUSA COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

	5,033 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,176	5,861	\$	650,174.69	\$ 110.93	1.165	\$ 552.87	\$ 129.18
COMM HOSP INPATIENT TOTAL	98	463		543,735.03	1174.37	.092	5548.32	108.03
HSC HOSPITALS	16	194		218,275.00	1125.13	.039	13642.19	43.37
NON-HSC HOSPITALS TOTAL	47	141		292,854.95	2076.99	.028	6230.96	58.19
ACCOMMODATIONS	47	141		73,734.87	522.94	.028	1568.83	14.65
ADMINISTRATIVE DAYS	2	11		2,326.72	211.52	.002	1163.36	.46
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	45	130		71,408.15	549.29	.026	1586.85	14.19
ANCILLARIES	46	0		219,120.08	.00	.000	4763.48	43.54
INPATIENT CROSSOVERS	38	128		32,605.08	254.73	.025	858.03	6.48
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,122	5,398		106,439.66	19.72	1.073	94.87	21.15
MEDICAL	163	275		10,718.47	38.98	.055	65.76	2.13
SURGERY	63	67		3,785.96	56.51	.013	60.09	.75
PATHOLOGY	377	1,418		15,513.34	10.94	.282	41.15	3.08
RADIOLOGY	234	357		19,384.79	54.30	.071	82.84	3.85
ROOM USE	342	497		21,747.72	43.76	.099	63.59	4.32
CROSSOVERS/ALL OTH OUTPTNT	676	2,784		35,289.38	12.68	.553	52.20	7.01
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	23	664	\$	91,167.37	\$ 137.30	.132	\$ 3963.80	\$ 18.11
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	23	664		91,167.37	137.30	.132	3963.80	18.11
@INTERMEDIATE CARE FACIL.-DD	13	366	\$	54,594.22	\$ 149.16	.073	\$ 4199.56	\$ 10.85
ICF DDH	13	366		54,594.22	149.16	.073	4199.56	10.85
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	76	2,093	\$	76,895.86	\$ 36.74	.416	\$ 1011.79	\$ 15.28
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	76	2,093		76,895.86	36.74	.416	1011.79	15.28

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	201	752	\$	11,686.66	\$	15.54	.149	\$	58.14	\$	2.32
PATHOLOGY	201	752		11,686.66		15.54	.149		58.14		2.32
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	993	1,662	\$	138,576.85	\$	83.38	.330	\$	139.55	\$	27.53
CLINIC	18	34		3,060.24		90.01	.007		170.01		.61
SURGICENTER	9	17		1,584.32		93.20	.003		176.04		.31
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	974	1,611		133,932.29		83.14	.320		137.51		26.61
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COLUSA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED										

5,033 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	832	86,137	\$ 188,985.35	\$ 2.19	17.114	\$ 227.15	\$ 37.55
DURABLE MED. EQUIP.	83	208	36,981.92	177.80	.041	445.57	7.35
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	16	34	3,490.02	102.65	.007	218.13	.69
MEDICAL TRANSPORTATION	140	11,173	67,579.53	6.05	2.220	482.71	13.43
AMBULANCES/AIR TRANS	76	1,031	16,017.82	15.54	.205	210.76	3.18
OTHER TRANS	53	9,480	31,107.66	3.28	1.884	586.94	6.18
OTHER SERVICES	30	662	20,454.05	30.90	.132	681.80	4.06
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	6	18	2,353.25	130.74	.004	392.21	.47
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	105	234	2,961.41	12.66	.046	28.20	.59
PHYSICAL THERAPIST	2	6	92.82	15.47	.001	46.41	.02
PORTABLE X-RAY	2	6	4.69	.78	.001	2.35	.00
PROSTHETIST/ORTHOTISTS	9	44	5,005.56	113.76	.009	556.17	.99
PROSTHETICS	8	13	1,014.96	78.07	.003	126.87	.20
ORTHOTICS	1	31	3,990.60	128.73	.006	3990.60	.79
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	23	98	3,712.62	37.88	.019	161.42	.74
HOSPICE SERVICES	1	4	432.16	108.04	.001	432.16	.09
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	45	7,484	25,319.68	3.38	1.487	562.66	5.03
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	472	66,828	41,051.69	.61	13.278	86.97	8.16
@CALIF. CHILDREN SERVICES*	62	1,399	\$ 33,288.10	\$ 23.79	.278	\$ 536.90	\$ 6.61
@XOVER EXCLUDING STATE HOSP**	1,073	13,965	\$ 145,636.62	\$ 10.43	2.775	\$ 135.73	\$ 28.94

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 1,685
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES										

6,222 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,144	18,055	\$ 682,778.79	\$ 37.82	2.902	\$ 217.17	\$ 109.74
@PHYSICIANS SERVICES	740	2,422	\$ 85,370.30	\$ 35.25	.389	\$ 115.37	\$ 13.72
OUTPATIENT VISITS	575	795	28,416.66	35.74	.128	49.42	4.57
OFFICE VISITS	430	580	17,641.86	30.42	.093	41.03	2.84

HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	131	182	9,135.26	50.19	.029	69.73	1.47
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	10	11	962.85	87.53	.002	96.29	.15
OTHER OUTPATIENT	20	22	676.69	30.76	.004	33.83	.11
INPATIENT VISITS	29	74	3,933.47	53.16	.012	135.64	.63
HOSPITAL VISITS	29	71	3,348.69	47.16	.011	115.47	.54
CRITICAL CARE	1	3	584.78	194.93	.000	584.78	.09
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	13	17	809.07	47.59	.003	62.24	.13
EXAMINATIONS	13	17	809.07	47.59	.003	62.24	.13
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	26	90	17,332.04	192.58	.014	666.62	2.79
PRINCIPAL SURGEON	21	21	15,395.29	733.11	.003	733.11	2.47
ASSISTANT SURGEON	3	3	398.43	132.81	.000	132.81	.06
ANESTHESIOLOGIST	6	66	1,538.32	23.31	.011	256.39	.25

OUTPATIENT SURGERY	74	195		10,150.92		52.06	.031	137.17	1.63
PRINCIPAL SURGEON	61	106		7,963.79		75.13	.017	130.55	1.28
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	14	89		2,187.13		24.57	.014	156.22	.35
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	48	66		388.37		5.88	.011	8.09	.06
RADIOLOGY	71	124		6,489.98		52.34	.020	91.41	1.04
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	17	316		10,706.69		33.88	.051	629.81	1.72
OTHER SERVICES/ALL X-OVERS	114	745		7,143.10		9.59	.120	62.66	1.15
@PHARMACY	1,595	7,175	\$	160,995.96	\$	22.44	1.153	\$ 100.94	\$ 25.88
PRESCRIPTION DRUGS	1,576	3,316		157,321.32		47.44	.533	99.82	25.28
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	1,576	3,316		157,321.32		47.44	.533	99.82	25.28
MEDICAL SUPPLIES	43	3,859		3,674.64		.95	.620	85.46	.59
@DENTIST	174	940	\$	34,068.25	\$	36.24	.151	\$ 195.79	\$ 5.48
VISITS - DIAGNOSTIC	122	564		7,901.25		14.01	.091	64.76	1.27
ORAL SURGERY	24	45		3,532.00		78.49	.007	147.17	.57
DRUGS	7	7		145.00		20.71	.001	20.71	.02
ANESTHESIA	4	4		400.00		100.00	.001	100.00	.06
PERIODONTICS	3	3		600.00		200.00	.000	200.00	.10
ENDODONTICS	18	54		4,578.00		84.78	.009	254.33	.74
RESTORATIVE DENTISTRY	63	223		13,264.00		59.48	.036	210.54	2.13
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	1	1		120.00		120.00	.000	120.00	.02
MAXILLOFACIAL SERVICES	2	2		98.00		49.00	.000	49.00	.02
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	19	34		3,355.00		98.68	.005	176.58	.54
ALL OTHER SERVICES	2	3		75.00		25.00	.000	37.50	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
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COLUSA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES								

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6,222 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	50	121	\$ 2,964.34	\$ 24.50	.019	\$ 59.29	\$ .48
DIAGNOSTIC AND ANC. PROCED	36	36	1,696.34	47.12	.006	47.12	.27
EYE APPLIANCES	29	83	1,219.09	14.69	.013	42.04	.20
OTHER OPTOMETRIC SERVICES	2	2	48.91	24.46	.000	24.46	.01
@CHIROPRACTOR	1	1	16.72	16.72	.000	16.72	.00
VISITS	1	1	16.72	16.72	.000	16.72	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	5	186.87	37.37	.001	62.29	.03
MEDICINE/INJECTIONS	3	4	85.60	21.40	.001	28.53	.01
SURGERY/ANES.	1	1	101.27	101.27	.000	101.27	.02
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	9	13	838.99	64.54	.002	93.22	.13
NURSE ANESTHESIST	11	112	1,043.46	9.32	.018	94.86	.17
NURSE MIDWIFE	1	8	332.64	41.58	.001	332.64	.05
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	699	3,060	\$ 222,176.54	\$ 72.61	.492	\$ 317.85	\$ 35.71
HOSP INPATIENT TOTAL	31	108	138,809.40	1285.27	.017	4477.72	22.31
HSC HOSPITALS	6	13	15,972.00	1228.62	.002	2662.00	2.57
NON-HSC HOSPITAL TOTAL	24	90	122,025.40	1355.84	.014	5084.39	19.61
ACCOMMODATIONS	24	90	25,619.61	284.66	.014	1067.48	4.12
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	24	90	25,619.61	284.66	.014	1067.48	4.12
ANCILLARIES	24	0	96,405.79	.00	.000	4016.91	15.49
INPATIENT CROSSOVERS	1	5	812.00	162.40	.001	812.00	.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	682	2,952	83,367.14	28.24	.474	122.24	13.40
MEDICAL	128	178	7,062.52	39.68	.029	55.18	1.14
SURGERY	52	54	1,712.36	31.71	.009	32.93	.28
PATHOLOGY	393	1,059	11,709.55	11.06	.170	29.80	1.88
RADIOLOGY	212	348	13,286.02	38.18	.056	62.67	2.14
ROOM USE	493	677	28,142.79	41.57	.109	57.08	4.52
CROSSOVERS/ALL OTH OUTPTNT	294	636	21,453.90	33.73	.102	72.97	3.45
@COUNTY HOSPITAL TOTAL	1	2	69.75	34.88	.000	69.75	.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	69.75	34.88	.000	69.75	.01
MEDICAL	1	1	35.32	35.32	.000	35.32	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	34.43	34.43	.000	34.43	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,687
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES						

	6,222 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	698	3,058	\$	222,106.79	\$ 72.63	.491	\$ 318.20	\$ 35.70
COMM HOSP INPATIENT TOTAL	31	108		138,809.40	1285.27	.017	4477.72	22.31
HSC HOSPITALS	6	13		15,972.00	1228.62	.002	2662.00	2.57
NON-HSC HOSPITALS TOTAL	24	90		122,025.40	1355.84	.014	5084.39	19.61
ACCOMMODATIONS	24	90		25,619.61	284.66	.014	1067.48	4.12
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	24	90		25,619.61	284.66	.014	1067.48	4.12
ANCILLARIES	24	0		96,405.79	.00	.000	4016.91	15.49
INPATIENT CROSSOVERS	1	5		812.00	162.40	.001	812.00	.13
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	681	2,950		83,297.39	28.24	.474	122.32	13.39
MEDICAL	127	177		7,027.20	39.70	.028	55.33	1.13
SURGERY	52	54		1,712.36	31.71	.009	32.93	.28
PATHOLOGY	393	1,059		11,709.55	11.06	.170	29.80	1.88
RADIOLOGY	212	348		13,286.02	38.18	.056	62.67	2.14
ROOM USE	492	676		28,108.36	41.58	.109	57.13	4.52
CROSSOVERS/ALL OTH OUTPTNT	294	636		21,453.90	33.73	.102	72.97	3.45
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	172	521	\$ 8,361.84	\$ 16.05	.084	\$ 48.62	\$ 1.34
PATHOLOGY	172	521	8,361.84	16.05	.084	48.62	1.34
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,106	1,693	\$ 138,448.64	\$ 81.78	.272	\$ 125.18	\$ 22.25
CLINIC	26	76	3,503.29	46.10	.012	134.74	.56
SURGICENTER	11	68	2,090.27	30.74	.011	190.02	.34
HEROIN DETOX CLINIC	1	20	231.69	11.58	.003	231.69	.04
RURAL HEALTH CLINIC	1,080	1,529	132,623.39	86.74	.246	122.80	21.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,688
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES						

6,222 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	303	1,984	\$ 27,974.24	\$ 14.10	.319	\$ 92.32	\$ 4.50
DURABLE MED. EQUIP.	15	17	2,500.77	147.10	.003	166.72	.40
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	46	668	10,609.89	15.88	.107	230.65	1.71
AMBULANCES/AIR TRANS	45	666	7,009.89	10.53	.107	155.78	1.13
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.000	1800.00	.58
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	20.30	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3	315.00	105.00	.000	105.00	.05
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	41	91	781.79	8.59	.015	19.07	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	137.52	68.76	.000	68.76	.02
PROSTHETICS	1	1	48.83	48.83	.000	48.83	.01
ORTHOTICS	1	1	88.69	88.69	.000	88.69	.01
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	14	597.30	42.66	.002	85.33	.10
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	191	1,189	13,011.67	10.94	.191	68.12	2.09
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	28	194	\$ 24,067.27	\$ 124.06	.031	\$ 859.55	\$ 3.87
@XOVER EXCLUDING STATE HOSP**	2	123	\$ 1,105.26	\$ 8.99	.020	\$ 552.63	\$ .18

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	13,858 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9,362	215,781	\$	4,648,572.33	\$ 21.54	15.571	\$ 496.54	\$ 335.44
@PHYSICIANS SERVICES	2,132	7,165	\$	236,291.39	\$ 32.98	.517	\$ 110.83	\$ 17.05
OUTPATIENT VISITS	1,020	1,470		54,186.88	36.86	.106	53.12	3.91
OFFICE VISITS	781	1,084		34,534.40	31.86	.078	44.22	2.49
HOME VISITS	13	16		646.60	40.41	.001	49.74	.05
EMERGENCY ROOM	201	290		15,715.63	54.19	.021	78.19	1.13
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	11	12		1,089.16	90.76	.001	99.01	.08
OTHER OUTPATIENT	62	68		2,201.09	32.37	.005	35.50	.16
INPATIENT VISITS	93	616		31,338.87	50.87	.044	336.98	2.26
HOSPITAL VISITS	89	538		22,330.95	41.51	.039	250.91	1.61
CRITICAL CARE	16	72		8,853.52	122.97	.005	553.35	.64
SNF/ICF/TRANS IP CARE	3	6		154.40	25.73	.000	51.47	.01
OPHTHALMOLOGICAL SERVICES	40	45		2,014.70	44.77	.003	50.37	.15
EXAMINATIONS	40	45		2,014.70	44.77	.003	50.37	.15
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	57	281		30,006.09	106.78	.020	526.42	2.17
PRINCIPAL SURGEON	43	56		25,104.11	448.29	.004	583.82	1.81
ASSISTANT SURGEON	4	4		520.04	130.01	.000	130.01	.04
ANESTHESIOLOGIST	18	221		4,381.94	19.83	.016	243.44	.32
OUTPATIENT SURGERY	159	447		31,674.88	70.86	.032	199.21	2.29
PRINCIPAL SURGEON	133	201		25,878.22	128.75	.015	194.57	1.87
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	35	246		5,796.66	23.56	.018	165.62	.42
DIALYSIS	25	238		6,871.69	28.87	.017	274.87	.50
PATHOLOGY	99	177		2,546.53	14.39	.013	25.72	.18
RADIOLOGY	251	478		21,142.20	44.23	.034	84.23	1.53
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	36	457		13,281.25	29.06	.033	368.92	.96
OTHER SERVICES/ALL X-OVERS	960	2,956		43,228.30	14.62	.213	45.03	3.12
@PHARMACY	6,970	73,640	\$	2,237,380.95	\$ 30.38	5.314	\$ 321.00	\$ 161.45
PRESCRIPTION DRUGS	6,886	25,379		2,169,609.05	85.49	1.831	315.08	156.56
SNF/ICF	68	460		23,781.95	51.70	.033	349.73	1.72
OUTPATIENTS	6,827	24,919		2,145,827.10	86.11	1.798	314.31	154.84
MEDICAL SUPPLIES	651	48,261		67,771.90	1.40	3.483	104.10	4.89
@DENTIST	359	1,855	\$	67,867.25	\$ 36.59	.134	\$ 189.05	\$ 4.90
VISITS - DIAGNOSTIC	235	1,131		14,472.25	12.80	.082	61.58	1.04
ORAL SURGERY	56	139		8,442.00	60.73	.010	150.75	.61
DRUGS	7	7		145.00	20.71	.001	20.71	.01
ANESTHESIA	5	5		500.00	100.00	.000	100.00	.04
PERIODONTICS	23	25		3,892.00	155.68	.002	169.22	.28
ENDODONTICS	22	59		6,113.00	103.61	.004	277.86	.44
RESTORATIVE DENTISTRY	114	350		19,917.00	56.91	.025	174.71	1.44
PROSTHETICS	1	1		30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	35	81		9,385.00	115.86	.006	268.14	.68
SPACE MAINTAINERS	1	1		120.00	120.00	.000	120.00	.01
MAXILLOFACIAL SERVICES	3	3		146.00	48.67	.000	48.67	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	25	45		4,630.00	102.89	.003	185.20	.33
ALL OTHER SERVICES	8	8		75.00	9.38	.001	9.38	.01

13,858 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	192	486	\$	10,349.18	\$ 21.29	.035	\$ 53.90	\$ .75
DIAGNOSTIC AND ANC. PROCED	75	75		3,415.76	45.54	.005	45.54	.25
EYE APPLIANCES	135	385		6,196.88	16.10	.028	45.90	.45
OTHER OPTOMETRIC SERVICES	22	26		736.54	28.33	.002	33.48	.05
@CHIROPRACTOR	8	12	\$	172.50	\$ 14.38	.001	\$ 21.56	\$ .01
VISITS	4	5		83.60	16.72	.000	20.90	.01
OTHER SERVICES	4	7		88.90	12.70	.001	22.23	.01
@PODIATRIST	105	131	\$	1,471.60	\$ 11.23	.009	\$ 14.02	\$ .11
MEDICINE/INJECTIONS	5	7		209.00	29.86	.001	41.80	.02
SURGERY/ANES.	6	6		166.27	27.71	.000	27.71	.01
RADIO./PATHOLOGY	1	2		34.60	17.30	.000	34.60	.00
OTHER	95	116		1,061.73	9.15	.008	11.18	.08
@HOME HEALTH AGENCY	63	1,984	\$	68,185.58	\$ 34.37	.143	\$ 1082.31	\$ 4.92
NURSE ANESTHESIST	31	209	\$	2,661.43	\$ 12.73	.015	\$ 85.85	\$ .19

NURSE MIDWIFE	1	8	\$	332.64	\$	41.58	.001	\$	332.64	\$	.02
PEDIATRIC NURSE PRACTITIONER	1	1	\$	208.49	\$	208.49	.000	\$	208.49	\$	.02
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	2,295	11,163	\$	997,947.53	\$	89.40	.806	\$	434.84	\$	72.01
HOSP INPATIENT TOTAL	174	797		784,740.99		984.62	.058		4510.01		56.63
HSC HOSPITALS	25	237		269,510.32		1137.17	.017		10780.41		19.45
NON-HSC HOSPITAL TOTAL	76	263		451,099.01		1715.21	.019		5935.51		32.55
ACCOMMODATIONS	76	263		113,145.29		430.21	.019		1488.75		8.16
ADMINISTRATIVE DAYS	3	13		2,783.49		214.11	.001		927.83		.20
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	74	250		110,361.80		441.45	.018		1491.38		7.96
ANCILLARIES	74	0		337,953.72		.00	.000		4566.94		24.39
INPATIENT CROSSOVERS	76	297		64,131.66		215.93	.021		843.84		4.63
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,195	10,366		213,206.54		20.57	.748		97.13		15.39
MEDICAL	295	461		18,033.52		39.12	.033		61.13		1.30
SURGERY	116	122		5,567.43		45.63	.009		48.00		.40
PATHOLOGY	785	2,550		27,963.90		10.97	.184		35.62		2.02
RADIOLOGY	453	715		33,385.19		46.69	.052		73.70		2.41
ROOM USE	857	1,200		50,742.24		42.29	.087		59.21		3.66
CROSSOVERS/ALL OTH OUTPTNT	1,339	5,318		77,514.26		14.58	.384		57.89		5.59
@COUNTY HOSPITAL TOTAL	5	26	\$	1,127.20	\$	43.35	.002	\$	225.44	\$	.08
CO HOSPITAL INPATIENT TOTAL	2	18		879.32		48.85	.001		439.66		.06
HSC HOSPITALS	1	0		39.32		.00	.000		39.32		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	18		840.00		46.67	.001		840.00		.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	8		247.88		30.99	.001		82.63		.02
MEDICAL	1	1		35.32		35.32	.000		35.32		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		34.43		34.43	.000		34.43		.00
CROSSOVERS/ALL OTH OUTPTNT	2	6		178.13		29.69	.000		89.07		.01
#CALIF DEPT OF HEALTH SERV											
MOP024											
COLUSA COUNTY											

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

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	13,858 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,291	11,137	\$	996,820.33	\$ 89.51	.804	\$ 435.10	\$ 71.93
COMM HOSP INPATIENT TOTAL	172	779		783,861.67	1006.24	.056	4557.34	56.56
HSC HOSPITALS	24	237		269,471.00	1137.01	.017	11227.96	19.45
NON-HSC HOSPITALS TOTAL	76	263		451,099.01	1715.21	.019	5935.51	32.55
ACCOMMODATIONS	76	263		113,145.29	430.21	.019	1488.75	8.16
ADMINISTRATIVE DAYS	3	13		2,783.49	214.11	.001	927.83	.20
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	74	250		110,361.80	441.45	.018	1491.38	7.96
ANCILLARIES	74	0		337,953.72	.00	.000	4566.94	24.39
INPATIENT CROSSOVERS	75	279		63,291.66	226.85	.020	843.89	4.57
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,193	10,358		212,958.66	20.56	.747	97.11	15.37
MEDICAL	294	460		17,998.20	39.13	.033	61.22	1.30
SURGERY	116	122		5,567.43	45.63	.009	48.00	.40
PATHOLOGY	785	2,550		27,963.90	10.97	.184	35.62	2.02

RADIOLOGY	453	715		33,385.19	46.69	.052	73.70	2.41
ROOM USE	856	1,199		50,707.81	42.29	.087	59.24	3.66
CROSSOVERS/ALL OTH OUTPTNT	1,338	5,312		77,336.13	14.56	.383	57.80	5.58
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	77	2,189	\$	271,043.53	123.82	.158	3520.05	19.56
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	77	2,189		271,043.53	123.82	.158	3520.05	19.56
@INTERMEDIATE CARE FACIL.-DD	13	366	\$	54,594.22	149.16	.026	4199.56	3.94
ICF DDH	13	366		54,594.22	149.16	.026	4199.56	3.94
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	97	2,125	\$	90,881.95	42.77	.153	936.93	6.56
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	97	2,125		90,881.95	42.77	.153	936.93	6.56
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	384	1,312	\$	20,477.91	15.61	.095	53.33	1.48
PATHOLOGY	381	1,309		20,451.17	15.62	.094	53.68	1.48
XO AND OTHERS	3	3		26.74	8.91	.000	8.91	.00
@ORGANIZED OUTPATIENT CLINIC	2,364	3,802	\$	303,031.85	79.70	.274	128.19	21.87
CLINIC	47	114		6,624.03	58.11	.008	140.94	.48
SURGICENTER	31	105		5,912.96	56.31	.008	190.74	.43
HEROIN DETOX CLINIC	1	20		231.69	11.58	.001	231.69	.02
RURAL HEALTH CLINIC	2,308	3,563		290,263.17	81.47	.257	125.76	20.95
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				----- MONTHLY AVERAGE -----				
13,858 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,481	109,333	\$ 285,674.33	\$ 2.61	7.890	\$ 192.89	\$ 20.61	
DURABLE MED. EQUIP.	116	261	51,655.85	197.92	.019	445.31	3.73	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	29	50	6,258.69	125.17	.004	215.82	.45	
MEDICAL TRANSPORTATION	230	23,551	107,372.78	4.56	1.699	466.84	7.75	
AMBULANCES/AIR TRANS	123	1,725	23,254.42	13.48	.124	189.06	1.68	
OTHER TRANS	78	20,766	58,797.30	2.83	1.498	753.81	4.24	
OTHER SERVICES	50	1,060	25,321.06	23.89	.076	506.42	1.83	
ACUPUNCTURE	2	8	129.76	16.22	.001	64.88	.01	
ADULT DAY HEALTH CARE CTR	0	0	20.30	.00	.000	.00	.00	
GENETIC DISEASE TESTING	3	3	315.00	105.00	.000	105.00	.02	
IHMC,MODEL-NF,NF,AIDS,MSSP	6	18	2,353.25	130.74	.001	392.21	.17	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	198	438	5,316.54	12.14	.032	26.85	.38	
PHYSICAL THERAPIST	2	6	92.82	15.47	.000	46.41	.01	
PORTABLE X-RAY	5	11	9.06	.82	.001	1.81	.00	
PROSTHETIST/ORTHOTISTS	18	60	5,450.24	90.84	.004	302.79	.39	
PROSTHETICS	16	28	1,370.95	48.96	.002	85.68	.10	
ORTHOTICS	2	32	4,079.29	127.48	.002	2039.65	.29	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	31	115	5,052.21	43.93	.008	162.97	.36	
HOSPICE SERVICES	1	4	432.16	108.04	.000	432.16	.03	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	239	15,501		45,176.18	2.91	1.119	189.02	3.26
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	703	69,307		56,039.49	.81	5.001	79.71	4.04
@CALIF. CHILDREN SERVICES*	100	1,849	\$	104,933.68	\$ 56.75	.133	\$ 1049.34	\$ 7.57
@XOVER EXCLUDING STATE HOSP**	1,938	19,257	\$	248,882.05	\$ 12.92	1.390	\$ 128.42	\$ 17.96

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 COLUSA COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - AGED      AID CODE 14 1H 1U 1X

1,430 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,125	14,080	\$ 449,200.86	\$ 31.90	9.846	\$ 399.29	\$ 314.13
@PHYSICIANS SERVICES	251	687	\$ 18,689.58	\$ 27.20	.480	\$ 74.46	\$ 13.07
OUTPATIENT VISITS	42	58	2,170.47	37.42	.041	51.68	1.52
OFFICE VISITS	37	50	1,675.33	33.51	.035	45.28	1.17
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	460.94	92.19	.003	92.19	.32
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	3	34.20	11.40	.002	17.10	.02
INPATIENT VISITS	9	27	1,300.78	48.18	.019	144.53	.91
HOSPITAL VISITS	9	27	1,300.78	48.18	.019	144.53	.91
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	5	258.20	51.64	.003	64.55	.18
EXAMINATIONS	4	5	258.20	51.64	.003	64.55	.18
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	219.04	219.04	.001	219.04	.15
PRINCIPAL SURGEON	1	1	219.04	219.04	.001	219.04	.15
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	7	14	1,903.68	135.98	.010	271.95	1.33
PRINCIPAL SURGEON	6	8	1,781.65	222.71	.006	296.94	1.25
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6	122.03	20.34	.004	122.03	.09
DIALYSIS	5	10	1,200.16	120.02	.007	240.03	.84
PATHOLOGY	7	25	78.18	3.13	.017	11.17	.05
RADIOLOGY	11	21	1,159.67	55.22	.015	105.42	.81
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2	34.50	17.25	.001	34.50	.02
OTHER SERVICES/ALL X-OVERS	210	524	10,364.90	19.78	.366	49.36	7.25
@PHARMACY	912	6,818	\$ 247,890.76	\$ 36.36	4.768	\$ 271.81	\$ 173.35
PRESCRIPTION DRUGS	901	3,294	242,422.92	73.60	2.303	269.06	169.53
SNF/ICF	18	103	3,929.49	38.15	.072	218.31	2.75
OUTPATIENTS	884	3,191	238,493.43	74.74	2.231	269.79	166.78
MEDICAL SUPPLIES	58	3,524	5,467.84	1.55	2.464	94.27	3.82
@DENTIST	37	154	\$ 9,939.00	\$ 64.54	.108	\$ 268.62	\$ 6.95
VISITS - DIAGNOSTIC	25	68	857.00	12.60	.048	34.28	.60
ORAL SURGERY	9	44	2,150.00	48.86	.031	238.89	1.50
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.07
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	10	435.00	43.50	.007	87.00	.30
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.02

DENTURES, STAYPLATES	10	28	6,367.00	227.39	.020	636.70	4.45
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	2	.00	.00	.001	.00	.00

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COLUSA COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - AGED      AID CODE 14 1H 1U 1X

1,430 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	14	42	\$ 713.56	\$ 16.99	.029	\$ 50.97	\$ .50
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.001	47.45	.03
EYE APPLIANCES	11	31	521.58	16.83	.022	47.42	.36
OTHER OPTOMETRIC SERVICES	4	10	144.53	14.45	.007	36.13	.10
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	18	24	\$ 223.99	\$ 9.33	.017	\$ 12.44	\$ .16
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	18	24	223.99	9.33	.017	12.44	.16
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	4	29	\$ 149.49	\$ 5.15	.020	\$ 37.37	\$ .10
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	245	1,089	\$ 62,902.38	\$ 57.76	.762	\$ 256.74	\$ 43.99
HOSP INPATIENT TOTAL	20	58	46,075.08	794.40	.041	2303.75	32.22
HSC HOSPITALS	1	3	3,240.00	1080.00	.002	3240.00	2.27
NON-HSC HOSPITAL TOTAL	6	19	34,707.13	1826.69	.013	5784.52	24.27
ACCOMMODATIONS	6	19	10,720.89	564.26	.013	1786.82	7.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	19	10,720.89	564.26	.013	1786.82	7.50
ANCILLARIES	6	0	23,986.24	.00	.000	3997.71	16.77
INPATIENT CROSSOVERS	13	36	8,127.95	225.78	.025	625.23	5.68
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	239	1,031	16,827.30	16.32	.721	70.41	11.77
MEDICAL	10	21	528.10	25.15	.015	52.81	.37
SURGERY	5	5	255.71	51.14	.003	51.14	.18
PATHOLOGY	21	94	1,066.27	11.34	.066	50.77	.75
RADIOLOGY	14	17	564.50	33.21	.012	40.32	.39
ROOM USE	14	21	1,269.63	60.46	.015	90.69	.89
CROSSOVERS/ALL OTH OUTPTNT	215	873	13,143.09	15.06	.610	61.13	9.19
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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COLUSA COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - AGED      AID CODE 14 1H 1U 1X

	1,430 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	245		1,089	\$ 62,902.38	\$ 57.76	.762	\$ 256.74	\$ 43.99
COMM HOSP INPATIENT TOTAL	20		58	46,075.08	794.40	.041	2303.75	32.22
HSC HOSPITALS	1		3	3,240.00	1080.00	.002	3240.00	2.27
NON-HSC HOSPITALS TOTAL	6		19	34,707.13	1826.69	.013	5784.52	24.27
ACCOMMODATIONS	6		19	10,720.89	564.26	.013	1786.82	7.50

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	19	10,720.89	564.26	.013	1786.82	7.50
ANCILLARIES	6	0	23,986.24	.00	.000	3997.71	16.77
INPATIENT CROSSOVERS	13	36	8,127.95	225.78	.025	625.23	5.68
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	239	1,031	16,827.30	16.32	.721	70.41	11.77
MEDICAL	10	21	528.10	25.15	.015	52.81	.37
SURGERY	5	5	255.71	51.14	.003	51.14	.18
PATHOLOGY	21	94	1,066.27	11.34	.066	50.77	.75
RADIOLOGY	14	17	564.50	33.21	.012	40.32	.39
ROOM USE	14	21	1,269.63	60.46	.015	90.69	.89
CROSSOVERS/ALL OTH OUTPTNT	215	873	13,143.09	15.06	.610	61.13	9.19
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	22	475	62,168.52	130.88	.332	2825.84	43.47
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	22	475	62,168.52	130.88	.332	2825.84	43.47
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	14	244	8,322.87	34.11	.171	594.49	5.82
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	14	244	8,322.87	34.11	.171	594.49	5.82
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	26	125	1,803.33	14.43	.087	69.36	1.26
PATHOLOGY	25	124	1,800.84	14.52	.087	72.03	1.26
XO AND OTHERS	1	1	2.49	2.49	.001	2.49	.00
@ORGANIZED OUTPATIENT CLINIC	188	310	20,212.35	65.20	.217	107.51	14.13
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	1	2	395.10	197.55	.001	395.10	.28
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	188	308	19,817.25	64.34	.215	105.41	13.86
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,696
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X						

1,430 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	127	4,083	\$ 16,185.03	\$ 3.96	2.855	\$ 127.44	\$ 11.32
DURABLE MED. EQUIP.	3	7	2,039.62	291.37	.005	679.87	1.43
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	8	3,382.85	422.86	.006	676.57	2.37
MEDICAL TRANSPORTATION	21	500	3,368.57	6.74	.350	160.41	2.36
AMBULANCES/AIR TRANS	5	37	736.11	19.89	.026	147.22	.51
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	16	463	2,632.46	5.69	.324	164.53	1.84
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00

OPTICIAN	25	57	840.72	14.75	.040	33.63	.59
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	6	913.74	152.29	.004	228.44	.64
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	74	3,505	5,639.53	1.61	2.451	76.21	3.94
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	432	6,633	50,982.72	7.69	4.638	118.02	35.65

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,697  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - BLIND      AID CODE 24

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	3	7	\$ 1,124.84	\$ 160.69	3.500	\$	374.95	\$ 562.42
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	1	3	\$ 262.16	\$ 87.39	1.500	\$	262.16	\$ 131.08
PRESCRIPTION DRUGS	1	3	262.16	87.39	1.500		262.16	131.08
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	1	3	262.16	87.39	1.500		262.16	131.08

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - BLIND

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02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	1	2	\$ 812.00	\$ 406.00	1.000	\$ 812.00	\$ 406.00
HOSP INPATIENT TOTAL	1	2	812.00	406.00	1.000	812.00	406.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	2	812.00	406.00	1.000	812.00	406.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - BLIND

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02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	2	\$ 812.00	\$ 406.00	1.000	\$ 812.00	\$ 406.00
COMM HOSP INPATIENT TOTAL	1	2	812.00	406.00	1.000	812.00	406.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	2	812.00	406.00	1.000	812.00	406.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	2	\$	50.68	\$	25.34	1.000	\$ 50.68	\$ 25.34
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1	2		50.68		25.34	1.000	50.68	25.34
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
COLUSA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								
	AID CODE 24								
	----- MONTHLY AVERAGE -----								
02 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	1	0	\$	812.00	\$	.00	\$ 406.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,701
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	

640 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	527	32,461	\$ 403,107.71	\$ 12.42	50.720	\$ 764.91	\$ 629.86
@PHYSICIANS SERVICES	110	871	\$ 13,979.20	\$ 16.05	1.361	\$ 127.08	\$ 21.84
OUTPATIENT VISITS	14	20	860.46	43.02	.031	61.46	1.34
OFFICE VISITS	8	10	415.12	41.51	.016	51.89	.65
HOME VISITS	1	1	34.30	34.30	.002	34.30	.05
EMERGENCY ROOM	4	6	331.08	55.18	.009	82.77	.52
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	79.96	26.65	.005	26.65	.12
INPATIENT VISITS	3	52	2,355.00	45.29	.081	785.00	3.68
HOSPITAL VISITS	3	52	2,355.00	45.29	.081	785.00	3.68
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	66.87	33.44	.003	33.44	.10
EXAMINATIONS	2	2	66.87	33.44	.003	33.44	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	32	1,200.36	37.51	.050	600.18	1.88
PRINCIPAL SURGEON	2	6	671.62	111.94	.009	335.81	1.05
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	26	528.74	20.34	.041	528.74	.83
OUTPATIENT SURGERY	4	21	1,828.02	87.05	.033	457.01	2.86
PRINCIPAL SURGEON	3	8	1,582.56	197.82	.013	527.52	2.47
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	13	245.46	18.88	.020	245.46	.38

DIALYSIS	0	0		.00		.000		.00	.00
PATHOLOGY	2	229		429.92		.358		214.96	.67
RADIOLOGY	5	71		2,169.92		.111		433.98	3.39
PSYCHIATRY	0	0		.00		.000		.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.000		.00	.00
OTHER SERVICES/ALL X-OVERS	92	444		5,068.65		.694		55.09	7.92
@PHARMACY	406	2,123	\$	171,599.93	\$	80.83	3.317	\$ 422.66	\$ 268.12
PRESCRIPTION DRUGS	402	1,571		170,528.43		108.55	2.455	424.20	266.45
SNF/ICF	2	20		1,649.35		82.47	.031	824.68	2.58
OUTPATIENTS	401	1,551		168,879.08		108.88	2.423	421.14	263.87
MEDICAL SUPPLIES	18	552		1,071.50		1.94	.863	59.53	1.67
@DENTIST	21	81	\$	2,939.00	\$	36.28	.127	\$ 139.95	\$ 4.59
VISITS - DIAGNOSTIC	14	55		603.00		10.96	.086	43.07	.94
ORAL SURGERY	3	7		445.00		63.57	.011	148.33	.70
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	1	1		100.00		100.00	.002	100.00	.16
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	1	1		.00		.00	.002	.00	.00
RESTORATIVE DENTISTRY	5	6		365.00		60.83	.009	73.00	.57
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	4	11		1,426.00		129.64	.017	356.50	2.23
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

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640 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	8	18	\$ 411.04	\$ 22.84	.028	\$ 51.38	\$ .64
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.005	47.45	.22
EYE APPLIANCES	5	13	213.23	16.40	.020	42.65	.33
OTHER OPTOMETRIC SERVICES	1	2	55.46	27.73	.003	55.46	.09
@CHIROPRACTOR	3	5	\$ 63.46	\$ 12.69	.008	\$ 21.15	\$ .10
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	5	63.46	12.69	.008	21.15	.10
@PODIATRIST	1	1	\$ 21.40	\$ 21.40	.002	\$ 21.40	\$ .03
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	21.40	21.40	.002	21.40	.03
@HOME HEALTH AGENCY	5	12	\$ 886.28	\$ 73.86	.019	\$ 177.26	\$ 1.38
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	120	948	\$ 124,537.60	\$ 131.37	1.481	\$ 1037.81	\$ 194.59
HOSP INPATIENT TOTAL	11	148	113,783.37	768.81	.231	10343.94	177.79
HSC HOSPITALS	3	73	85,282.00	1168.25	.114	28427.33	133.25
NON-HSC HOSPITAL TOTAL	1	21	22,390.37	1066.21	.033	22390.37	34.98
ACCOMMODATIONS	1	21	7,007.30	333.68	.033	7007.30	10.95
ADMINISTRATIVE DAYS	1	21	4,857.30	231.30	.033	4857.30	7.59
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	2,150.00	.00	.000	.00	3.36
ANCILLARIES	1	0	15,383.07	.00	.000	15383.07	24.04
INPATIENT CROSSOVERS	8	54	6,111.00	113.17	.084	763.88	9.55
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	116	800	10,754.23	13.44	1.250	92.71	16.80
MEDICAL	6	13	500.37	38.49	.020	83.40	.78
SURGERY	3	3	266.51	88.84	.005	88.84	.42
PATHOLOGY	12	55	519.64	9.45	.086	43.30	.81
RADIOLOGY	12	28	1,532.56	54.73	.044	127.71	2.39
ROOM USE	19	28	1,392.11	49.72	.044	73.27	2.18
CROSSOVERS/ALL OTH OUTPTNT	97	673	6,543.04	9.72	1.052	67.45	10.22
@COUNTY HOSPITAL TOTAL	1	37	\$ 41,872.37	\$ 1131.69	.058	\$ 41872.37	\$ 65.43
CO HOSPITAL INPATIENT TOTAL	1	37	41,872.37	1131.69	.058	41872.37	65.43
HSC HOSPITALS	1	16	21,632.00	1352.00	.025	21632.00	33.80
NON-HSC HOSPITALS TOTAL	1	21	20,240.37	963.83	.033	20240.37	31.63
ACCOMMODATIONS	1	21	4,857.30	231.30	.033	4857.30	7.59
ADMINISTRATIVE DAYS	1	21	4,857.30	231.30	.033	4857.30	7.59
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	15,383.07	.00	.000	15383.07	24.04
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,703
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G						

640 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	120	911	\$ 82,665.23	\$ 90.74	1.423	\$ 688.88	\$ 129.16
COMM HOSP INPATIENT TOTAL	10	111	71,911.00	647.85	.173	7191.10	112.36
HSC HOSPITALS	2	57	63,650.00	1116.67	.089	31825.00	99.45
NON-HSC HOSPITALS TOTAL	0	0	2,150.00	.00	.000	.00	3.36
ACCOMMODATIONS	0	0	2,150.00	.00	.000	.00	3.36
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	2,150.00	.00	.000	.00	3.36
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	8	54	6,111.00	113.17	.084	763.88	9.55
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	116	800	10,754.23	13.44	1.250	92.71	16.80
MEDICAL	6	13	500.37	38.49	.020	83.40	.78
SURGERY	3	3	266.51	88.84	.005	88.84	.42
PATHOLOGY	12	55	519.64	9.45	.086	43.30	.81
RADIOLOGY	12	28	1,532.56	54.73	.044	127.71	2.39
ROOM USE	19	28	1,392.11	49.72	.044	73.27	2.18
CROSSOVERS/ALL OTH OUTPTNT	97	673	6,543.04	9.72	1.052	67.45	10.22
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	0	\$ 5,775.00	\$ .00	.000	\$ 2887.50	\$ 9.02
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	0	5,775.00	.00	.000	2887.50	9.02
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	9	10	\$	3,873.57	\$ 387.36	.016	\$ 430.40	\$ 6.05	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	9	10		3,873.57	387.36	.016	430.40	6.05	
@REHABILITATION FACILITY	4	66	\$	1,351.70	\$ 20.48	.103	\$ 337.93	\$ 2.11	
HOSPITAL BASED	4	66		1,351.70	20.48	.103	337.93	2.11	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	10	31	\$	742.02	\$ 23.94	.048	\$ 74.20	\$ 1.16	
PATHOLOGY	6	26		714.83	27.49	.041	119.14	1.12	
XO AND OTHERS	4	5		27.19	5.44	.008	6.80	.04	
@ORGANIZED OUTPATIENT CLINIC	104	184	\$	11,120.99	\$ 60.44	.288	\$ 106.93	\$ 17.38	
CLINIC	3	4		386.52	96.63	.006	128.84	.60	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	102	180		10,734.47	59.64	.281	105.24	16.77	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 1,704
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

640 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	115	28,111	\$ 65,806.52	\$ 2.34	43.923	\$ 572.23	\$ 102.82
DURABLE MED. EQUIP.	5	37	34,355.24	928.52	.058	6871.05	53.68
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	4	1,599.25	399.81	.006	799.63	2.50
MEDICAL TRANSPORTATION	13	767	18,506.86	24.13	1.198	1423.60	28.92
AMBULANCES/AIR TRANS	7	463	8,177.89	17.66	.723	1168.27	12.78
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	10	304	10,328.97	33.98	.475	1032.90	16.14
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	22	272.86	12.40	.034	27.29	.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	96.50	96.50	.002	96.50	.15
PROSTHETICS	1	1	96.50	96.50	.002	96.50	.15
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	59.04	19.68	.005	59.04	.09
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	73	821.98	11.26	.114	205.50	1.28
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	90	27,204	10,094.79	.37	42.506	112.16	15.77
@CALIF. CHILDREN SERVICES*	2	420	\$ 216.61	\$ .52	.656	\$ 108.31	\$ .34
@XOVER EXCLUDING STATE HOSP**	199	1,857	\$ 35,392.31	\$ 19.06	2.902	\$ 177.85	\$ 55.30

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,705
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COLUSA COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K	

----- MONTHLY AVERAGE -----

29,595 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	12,380	64,009	\$ 3,765,340.77	\$ 58.83	2.163	\$ 304.15	\$ 127.23
@PHYSICIANS SERVICES	3,124	8,155	\$ 453,516.77	\$ 55.61	.276	\$ 145.17	\$ 15.32
OUTPATIENT VISITS	2,164	3,000	108,456.01	36.15	.101	50.12	3.66
OFFICE VISITS	1,701	2,329	69,363.89	29.78	.079	40.78	2.34
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	353	442	22,610.37	51.15	.015	64.05	.76
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	117	156	14,360.88	92.06	.005	122.74	.49
OTHER OUTPATIENT	63	73	2,120.87	29.05	.002	33.66	.07
INPATIENT VISITS	233	1,106	77,984.54	70.51	.037	334.70	2.64
HOSPITAL VISITS	227	798	34,790.14	43.60	.027	153.26	1.18
CRITICAL CARE	25	308	43,194.40	140.24	.010	1727.78	1.46
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	76	95	4,506.35	47.44	.003	59.29	.15

EXAMINATIONS	76	95		4,506.35		47.44	.003	59.29	.15
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	194	674		145,612.90		216.04	.023	750.58	4.92
PRINCIPAL SURGEON	149	184		130,028.41		706.68	.006	872.67	4.39
ASSISTANT SURGEON	28	28		5,176.70		184.88	.001	184.88	.17
ANESTHESIOLOGIST	43	462		10,407.79		22.53	.016	242.04	.35
OUTPATIENT SURGERY	336	786		53,229.96		67.72	.027	158.42	1.80
PRINCIPAL SURGEON	270	381		41,717.08		109.49	.013	154.51	1.41
ASSISTANT SURGEON	10	10		1,376.63		137.66	.000	137.66	.05
ANESTHESIOLOGIST	72	395		10,136.25		25.66	.013	140.78	.34
DIALYSIS	3	14		528.08		37.72	.000	176.03	.02
PATHOLOGY	476	723		5,734.92		7.93	.024	12.05	.19
RADIOLOGY	298	658		28,385.91		43.14	.022	95.25	.96
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	54	114		1,511.44		13.26	.004	27.99	.05
OTHER SERVICES/ALL X-OVERS	391	985		27,566.66		27.99	.033	70.50	.93
@PHARMACY	6,290	17,824	\$	662,006.03	\$	37.14	.602	105.25	\$ 22.37
PRESCRIPTION DRUGS	6,219	13,369		645,702.80		48.30	.452	103.83	21.82
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	6,219	13,369		645,702.80		48.30	.452	103.83	21.82
MEDICAL SUPPLIES	172	4,455		16,303.23		3.66	.151	94.79	.55
@DENTIST	783	3,664	\$	136,539.50	\$	37.27	.124	174.38	\$ 4.61
VISITS - DIAGNOSTIC	462	2,181		30,024.25		13.77	.074	64.99	1.01
ORAL SURGERY	96	187		10,420.00		55.72	.006	108.54	.35
DRUGS	19	19		430.00		22.63	.001	22.63	.01
ANESTHESIA	7	7		700.00		100.00	.000	100.00	.02
PERIODONTICS	23	23		3,565.00		155.00	.001	155.00	.12
ENDODONTICS	66	132		14,902.00		112.89	.004	225.79	.50
RESTORATIVE DENTISTRY	315	967		61,888.25		64.00	.033	196.47	2.09
PROSTHETICS	1	1		30.00		30.00	.000	30.00	.00
DENTURES, STAYPLATES	7	14		2,133.00		152.36	.000	304.71	.07
SPACE MAINTAINERS	4	5		360.00		72.00	.000	90.00	.01
MAXILLOFACIAL SERVICES	5	5		242.00		48.40	.000	48.40	.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	95	115		11,470.00		99.74	.004	120.74	.39
ALL OTHER SERVICES	13	8		375.00		46.88	.000	28.85	.01

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

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29,595 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	204	535	\$ 12,729.22	\$ 23.79	.018	\$ 62.40	\$ .43
DIAGNOSTIC AND ANC. PROCED	145	147	6,705.68	45.62	.005	46.25	.23
EYE APPLIANCES	141	384	5,924.30	15.43	.013	42.02	.20
OTHER OPTOMETRIC SERVICES	4	4	99.24	24.81	.000	24.81	.00
@CHIROPRACTOR	8	16	\$ 254.98	\$ 15.94	.001	\$ 31.87	\$ .01
VISITS	8	16	254.98	15.94	.001	31.87	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	10	20	\$ 300.09	\$ 15.00	.001	\$ 30.01	\$ .01
MEDICINE/INJECTIONS	6	7	181.35	25.91	.000	30.23	.01
SURGERY/ANES.	1	2	47.02	23.51	.000	47.02	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	11	71.72	6.52	.000	23.91	.00
@HOME HEALTH AGENCY	98	132	\$ 7,566.19	\$ 57.32	.004	\$ 77.21	\$ .26
NURSE ANESTHESIST	73	339	\$ 7,474.00	\$ 22.05	.011	\$ 102.38	\$ .25
NURSE MIDWIFE	2	2	\$ 604.76	\$ 302.38	.000	\$ 302.38	\$ .02
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	4	10	\$ 171.96	\$ 17.20	.000	\$ 42.99	\$ .01
@TOTAL HOSPITAL	2,780	10,848	\$ 1,745,613.28	\$ 160.92	.367	\$ 627.92	\$ 58.98

HOSP INPATIENT TOTAL	223	1,094	1,491,431.41	1363.28	.037	6688.03	50.39
HSC HOSPITALS	36	418	584,122.03	1397.42	.014	16225.61	19.74
NON-HSC HOSPITAL TOTAL	187	670	905,629.38	1351.69	.023	4842.94	30.60
ACCOMMODATIONS	187	670	220,088.72	328.49	.023	1176.95	7.44
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	187	670	220,088.72	328.49	.023	1176.95	7.44
ANCILLARIES	187	0	685,540.66	.00	.000	3665.99	23.16
INPATIENT CROSSOVERS	2	6	1,680.00	280.00	.000	840.00	.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,663	9,754	254,181.87	26.06	.330	95.45	8.59
MEDICAL	343	491	19,241.92	39.19	.017	56.10	.65
SURGERY	181	197	9,532.02	48.39	.007	52.66	.32
PATHOLOGY	1,534	4,042	42,649.36	10.55	.137	27.80	1.44
RADIOLOGY	912	1,439	72,054.23	50.07	.049	79.01	2.43
ROOM USE	1,443	1,838	81,688.25	44.44	.062	56.61	2.76
CROSSOVERS/ALL OTH OUTPTNT	923	1,747	29,016.09	16.61	.059	31.44	.98
@COUNTY HOSPITAL TOTAL	10	59	\$ 25,658.48	\$ 434.89	.002	\$ 2565.85	\$ .87
CO HOSPITAL INPATIENT TOTAL	2	22	24,200.03	1100.00	.001	12100.02	.82
HSC HOSPITALS	2	22	24,200.03	1100.00	.001	12100.02	.82
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	37	1,458.45	39.42	.001	162.05	.05
MEDICAL	1	1	64.00	64.00	.000	64.00	.00
SURGERY	3	5	127.95	25.59	.000	42.65	.00
PATHOLOGY	3	9	190.62	21.18	.000	63.54	.01
RADIOLOGY	1	1	143.29	143.29	.000	143.29	.00
ROOM USE	6	11	380.92	34.63	.000	63.49	.01
CROSSOVERS/ALL OTH OUTPTNT	7	10	551.67	55.17	.000	78.81	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,707
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K						
29,595 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,771	10,789	\$ 1,719,954.80	\$ 159.42	.365	\$ 620.70	\$ 58.12
COMM HOSP INPATIENT TOTAL	222	1,072	1,467,231.38	1368.69	.036	6609.15	49.58
HSC HOSPITALS	34	396	559,922.00	1413.94	.013	16468.29	18.92
NON-HSC HOSPITALS TOTAL	187	670	905,629.38	1351.69	.023	4842.94	30.60
ACCOMMODATIONS	187	670	220,088.72	328.49	.023	1176.95	7.44
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	187	670	220,088.72	328.49	.023	1176.95	7.44
ANCILLARIES	187	0	685,540.66	.00	.000	3665.99	23.16
INPATIENT CROSSOVERS	2	6	1,680.00	280.00	.000	840.00	.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,654	9,717	252,723.42	26.01	.328	95.22	8.54
MEDICAL	342	490	19,177.92	39.14	.017	56.08	.65
SURGERY	178	192	9,404.07	48.98	.006	52.83	.32
PATHOLOGY	1,531	4,033	42,458.74	10.53	.136	27.73	1.43
RADIOLOGY	911	1,438	71,910.94	50.01	.049	78.94	2.43
ROOM USE	1,437	1,827	81,307.33	44.50	.062	56.58	2.75
CROSSOVERS/ALL OTH OUTPTNT	916	1,737	28,464.42	16.39	.059	31.07	.96
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

MENTALLY ILL	0	0		.00		.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00		.000	.00	.00
LEV B-REHAB MD	0	0		.00		.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
LEV B-REGULAR	0	0		.00		.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$ .00	\$ .00
ICF DDH	0	0		.00		.000	.00	.00
ICF DD	0	0		.00		.000	.00	.00
ICF DDN/DDCN	0	0		.00		.000	.00	.00
@HEMODIALYSIS TOTAL	12	136	\$	10,156.74	\$	74.68	\$ 846.40	\$ .34
HOSPITAL BASED	0	0		.00		.000	.00	.00
HEMODIALYSIS CENTER	12	136		10,156.74		74.68	846.40	.34
@REHABILITATION FACILITY	5	21	\$	773.21	\$	36.82	\$ 154.64	\$ .03
HOSPITAL BASED	4	10		597.44		59.74	149.36	.02
INDEPENDENT FACILITY	1	11		175.77		15.98	175.77	.01
@LABORATORY FACILITY	1,007	3,207	\$	50,192.38	\$	15.65	\$ 49.84	\$ 1.70
PATHOLOGY	1,007	3,207		50,192.38		15.65	49.84	1.70
XO AND OTHERS	0	0		.00		.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4,405	7,005	\$	568,415.57	\$	81.14	\$ 129.04	\$ 19.21
CLINIC	99	277		10,189.54		36.79	102.92	.34
SURGICENTER	30	194		7,091.38		36.55	236.38	.24
HEROIN DETOX CLINIC	0	0		.00		.000	.00	.00
RURAL HEALTH CLINIC	4,294	6,534		551,134.65		84.35	128.35	18.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 1,708
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K							

						----- MONTHLY AVERAGE -----		
29,595 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	940	12,095	\$ 109,026.09	\$ 9.01	.409	\$ 115.99	\$ 3.68	
DURABLE MED. EQUIP.	43	57	10,847.82	190.31	.002	252.27	.37	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	1	1	25.00	25.00	.000	25.00	.00	
MEDICAL TRANSPORTATION	144	7,795	53,386.69	6.85	.263	370.74	1.80	
AMBULANCES/AIR TRANS	138	2,599	28,471.31	10.95	.088	206.31	.96	
OTHER TRANS	4	5,093	9,106.42	1.79	.172	2276.61	.31	
OTHER SERVICES	10	103	15,808.96	153.49	.003	1580.90	.53	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	43	43	4,412.50	102.62	.001	102.62	.15	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	194	406	4,000.93	9.85	.014	20.62	.14	
PHYSICAL THERAPIST	1	1	34.84	34.84	.000	34.84	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	17	30	1,708.19	56.94	.001	100.48	.06	
PROSTHETICS	16	29	1,611.69	55.58	.001	100.73	.05	
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	13	23	939.39	40.84	.001	72.26	.03	
HOSPICE SERVICES	1	34	4,159.22	122.33	.001	4159.22	.14	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	481	2,705	27,920.61	10.32	.091	58.05	.94	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	

ALL OTHER PROVIDERS	9	1,000		1,590.90		1.59	.034	176.77		.05
@CALIF. CHILDREN SERVICES*	119	1,424	\$	445,030.64	\$	312.52	.048	\$ 3739.75	\$	15.04
@XOVER EXCLUDING STATE HOSP**	55	1,071	\$	13,930.73	\$	13.01	.036	\$ 253.29	\$	.47

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,709  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 COLUSA COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

	31,667 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	14,035	110,557	\$	4,618,774.18	\$ 41.78	3.491	\$ 329.09	\$ 145.85
@PHYSICIANS SERVICES	3,485	9,713	\$	486,185.55	\$ 50.06	.307	\$ 139.51	\$ 15.35
OUTPATIENT VISITS	2,220	3,078		111,486.94	36.22	.097	50.22	3.52
OFFICE VISITS	1,746	2,389		71,454.34	29.91	.075	40.92	2.26
HOME VISITS	1	1		34.30	34.30	.000	34.30	.00
EMERGENCY ROOM	362	453		23,402.39	51.66	.014	64.65	.74
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	117	156		14,360.88	92.06	.005	122.74	.45
OTHER OUTPATIENT	68	79		2,235.03	28.29	.002	32.87	.07
INPATIENT VISITS	245	1,185		81,640.32	68.89	.037	333.23	2.58
HOSPITAL VISITS	239	877		38,445.92	43.84	.028	160.86	1.21
CRITICAL CARE	25	308		43,194.40	140.24	.010	1727.78	1.36
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	82	102		4,831.42	47.37	.003	58.92	.15
EXAMINATIONS	82	102		4,831.42	47.37	.003	58.92	.15
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	197	707		147,032.30	207.97	.022	746.36	4.64
PRINCIPAL SURGEON	152	191		130,919.07	685.44	.006	861.31	4.13
ASSISTANT SURGEON	28	28		5,176.70	184.88	.001	184.88	.16
ANESTHESIOLOGIST	44	488		10,936.53	22.41	.015	248.56	.35
OUTPATIENT SURGERY	347	821		56,961.66	69.38	.026	164.15	1.80
PRINCIPAL SURGEON	279	397		45,081.29	113.55	.013	161.58	1.42
ASSISTANT SURGEON	10	10		1,376.63	137.66	.000	137.66	.04
ANESTHESIOLOGIST	74	414		10,503.74	25.37	.013	141.94	.33
DIALYSIS	8	24		1,728.24	72.01	.001	216.03	.05
PATHOLOGY	485	977		6,243.02	6.39	.031	12.87	.20
RADIOLOGY	314	750		31,715.50	42.29	.024	101.00	1.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	55	116		1,545.94	13.33	.004	28.11	.05
OTHER SERVICES/ALL X-OVERS	693	1,953		43,000.21	22.02	.062	62.05	1.36
@PHARMACY	7,609	26,768	\$	1,081,758.88	\$ 40.41	.845	\$ 142.17	\$ 34.16
PRESCRIPTION DRUGS	7,523	18,237		1,058,916.31	58.06	.576	140.76	33.44
SNF/ICF	20	123		5,578.84	45.36	.004	278.94	.18
OUTPATIENTS	7,505	18,114		1,053,337.47	58.15	.572	140.35	33.26
MEDICAL SUPPLIES	248	8,531		22,842.57	2.68	.269	92.11	.72
@DENTIST	841	3,899	\$	149,417.50	\$ 38.32	.123	\$ 177.67	\$ 4.72
VISITS - DIAGNOSTIC	501	2,304		31,484.25	13.67	.073	62.84	.99
ORAL SURGERY	108	238		13,015.00	54.68	.008	120.51	.41
DRUGS	19	19		430.00	22.63	.001	22.63	.01
ANESTHESIA	9	9		900.00	100.00	.000	100.00	.03
PERIODONTICS	23	23		3,565.00	155.00	.001	155.00	.11
ENDODONTICS	67	133		14,902.00	112.05	.004	222.42	.47
RESTORATIVE DENTISTRY	325	983		62,688.25	63.77	.031	192.89	1.98
PROSTHETICS	2	2		60.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	21	53		9,926.00	187.28	.002	472.67	.31
SPACE MAINTAINERS	4	5		360.00	72.00	.000	90.00	.01
MAXILLOFACIAL SERVICES	5	5		242.00	48.40	.000	48.40	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00

ORTHODONTIC SERVICES	95	115	11,470.00	99.74	.004	120.74	.36
ALL OTHER SERVICES	14	10	375.00	37.50	.000	26.79	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,710
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL						

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
31,667 ELIGIBLES							
@OPTOMETRIST	226	595	\$ 13,853.82	\$ 23.28	.019	\$ 61.30	\$ .44
DIAGNOSTIC AND ANC. PROCED	149	151	6,895.48	45.67	.005	46.28	.22
EYE APPLIANCES	157	428	6,659.11	15.56	.014	42.41	.21
OTHER OPTOMETRIC SERVICES	9	16	299.23	18.70	.001	33.25	.01
@CHIROPRACTOR	11	21	\$ 318.44	\$ 15.16	.001	\$ 28.95	\$ .01
VISITS	8	16	254.98	15.94	.001	31.87	.01
OTHER SERVICES	3	5	63.46	12.69	.000	21.15	.00
@PODIATRIST	29	45	\$ 545.48	\$ 12.12	.001	\$ 18.81	\$ .02

MEDICINE/INJECTIONS	6	7	181.35	25.91	.000	30.23	.01
SURGERY/ANES.	1	2	47.02	23.51	.000	47.02	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	22	36	317.11	8.81	.001	14.41	.01
@HOME HEALTH AGENCY	103	144	\$ 8,452.47	\$ 58.70	.005	\$ 82.06	\$ .27
NURSE ANESTHESIST	77	368	\$ 7,623.49	\$ 20.72	.012	\$ 99.01	\$ .24
NURSE MIDWIFE	2	2	\$ 604.76	\$ 302.38	.000	\$ 302.38	\$ .02
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	4	10	\$ 171.96	\$ 17.20	.000	\$ 42.99	\$ .01
@TOTAL HOSPITAL	3,146	12,887	\$ 1,933,865.26	\$ 150.06	.407	\$ 614.71	\$ 61.07
HOSP INPATIENT TOTAL	255	1,302	1,652,101.86	1268.90	.041	6478.83	52.17
HSC HOSPITALS	40	494	672,644.03	1361.63	.016	16816.10	21.24
NON-HSC HOSPITAL TOTAL	194	710	962,726.88	1355.95	.022	4962.51	30.40
ACCOMMODATIONS	194	710	237,816.91	334.95	.022	1225.86	7.51
ADMINISTRATIVE DAYS	1	21	4,857.30	231.30	.001	4857.30	.15
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	193	689	232,959.61	338.11	.022	1207.04	7.36
ANCILLARIES	194	0	724,909.97	.00	.000	3736.65	22.89
INPATIENT CROSSOVERS	24	98	16,730.95	170.72	.003	697.12	.53
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,018	11,585	281,763.40	24.32	.366	93.36	8.90
MEDICAL	359	525	20,270.39	38.61	.017	56.46	.64
SURGERY	189	205	10,054.24	49.05	.006	53.20	.32
PATHOLOGY	1,567	4,191	44,235.27	10.55	.132	28.23	1.40
RADIOLOGY	938	1,484	74,151.29	49.97	.047	79.05	2.34
ROOM USE	1,476	1,887	84,349.99	44.70	.060	57.15	2.66
CROSSOVERS/ALL OTH OUTPTNT	1,235	3,293	48,702.22	14.79	.104	39.43	1.54
@COUNTY HOSPITAL TOTAL	11	96	\$ 67,530.85	\$ 703.45	.003	\$ 6139.17	\$ 2.13
CO HOSPITAL INPATIENT TOTAL	3	59	66,072.40	1119.87	.002	22024.13	2.09
HSC HOSPITALS	3	38	45,832.03	1206.11	.001	15277.34	1.45
NON-HSC HOSPITALS TOTAL	1	21	20,240.37	963.83	.001	20240.37	.64
ACCOMMODATIONS	1	21	4,857.30	231.30	.001	4857.30	.15
ADMINISTRATIVE DAYS	1	21	4,857.30	231.30	.001	4857.30	.15
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	15,383.07	.00	.000	15383.07	.49
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	37	1,458.45	39.42	.001	162.05	.05
MEDICAL	1	1	64.00	64.00	.000	64.00	.00
SURGERY	3	5	127.95	25.59	.000	42.65	.00
PATHOLOGY	3	9	190.62	21.18	.000	63.54	.01
RADIOLOGY	1	1	143.29	143.29	.000	143.29	.00
ROOM USE	6	11	380.92	34.63	.000	63.49	.01
CROSSOVERS/ALL OTH OUTPTNT	7	10	551.67	55.17	.000	78.81	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,711
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL						

----- MONTHLY AVERAGE -----							
31,667 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,137	12,791	\$ 1,866,334.41	\$ 145.91	.404	\$ 594.94	\$ 58.94
COMM HOSP INPATIENT TOTAL	253	1,243	1,586,029.46	1275.97	.039	6268.89	50.08
HSC HOSPITALS	37	456	626,812.00	1374.59	.014	16940.86	19.79
NON-HSC HOSPITALS TOTAL	193	689	942,486.51	1367.90	.022	4883.35	29.76
ACCOMMODATIONS	193	689	232,959.61	338.11	.022	1207.04	7.36
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	193	689	232,959.61	338.11	.022	1207.04	7.36
ANCILLARIES	193	0	709,526.90	.00	.000	3676.31	22.41

INPATIENT CROSSOVERS	24	98		16,730.95	170.72	.003	697.12	.53
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,009	11,548		280,304.95	24.27	.365	93.16	8.85
MEDICAL	358	524		20,206.39	38.56	.017	56.44	.64
SURGERY	186	200		9,926.29	49.63	.006	53.37	.31
PATHOLOGY	1,564	4,182		44,044.65	10.53	.132	28.16	1.39
RADIOLOGY	937	1,483		74,008.00	49.90	.047	78.98	2.34
ROOM USE	1,470	1,876		83,969.07	44.76	.059	57.12	2.65
CROSSOVERS/ALL OTH OUTPTNT	1,228	3,283		48,150.55	14.67	.104	39.21	1.52
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	24	475	\$	67,943.52	143.04	.015	2830.98	2.15
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	24	475		67,943.52	143.04	.015	2830.98	2.15
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	35	390	\$	22,353.18	57.32	.012	638.66	.71
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	35	390		22,353.18	57.32	.012	638.66	.71
@REHABILITATION FACILITY	9	87	\$	2,124.91	24.42	.003	236.10	.07
HOSPITAL BASED	8	76		1,949.14	25.65	.002	243.64	.06
INDEPENDENT FACILITY	1	11		175.77	15.98	.000	175.77	.01
@LABORATORY FACILITY	1,043	3,363	\$	52,737.73	15.68	.106	50.56	1.67
PATHOLOGY	1,038	3,357		52,708.05	15.70	.106	50.78	1.66
XO AND OTHERS	5	6		29.68	4.95	.000	5.94	.00
@ORGANIZED OUTPATIENT CLINIC	4,698	7,501	\$	599,799.59	79.96	.237	127.67	18.94
CLINIC	102	281		10,576.06	37.64	.009	103.69	.33
SURGICENTER	31	196		7,486.48	38.20	.006	241.50	.24
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4,585	7,024		581,737.05	82.82	.222	126.88	18.37

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,712

MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04

COLUSA COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

					----- MONTHLY AVERAGE -----			
31,667 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,182	44,289	\$ 191,017.64	\$ 4.31	1.399	\$ 161.61	\$ 6.03	
DURABLE MED. EQUIP.	51	101	47,242.68	467.75	.003	926.33	1.49	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	8	13	5,007.10	385.16	.000	625.89	.16	
MEDICAL TRANSPORTATION	178	9,062	75,262.12	8.31	.286	422.82	2.38	
AMBULANCES/AIR TRANS	150	3,099	37,385.31	12.06	.098	249.24	1.18	
OTHER TRANS	4	5,093	9,106.42	1.79	.161	2276.61	.29	
OTHER SERVICES	36	870	28,770.39	33.07	.027	799.18	.91	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	43	43	4,412.50	102.62	.001	102.62	.14	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	229	485	5,114.51	10.55	.015	22.33	.16	
PHYSICAL THERAPIST	1	1	34.84	34.84	.000	34.84	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	18	31	1,804.69	58.22	.001	100.26	.06	

PROSTHETICS	17	30		1,708.19	56.94	.001	100.48	.05
ORTHOTICS	1	1		96.50	96.50	.000	96.50	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	18	32		1,912.17	59.76	.001	106.23	.06
HOSPICE SERVICES	1	34		4,159.22	122.33	.001	4159.22	.13
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	485	2,778		28,742.59	10.35	.088	59.26	.91
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	173	31,709		17,325.22	.55	1.001	100.15	.55
@CALIF. CHILDREN SERVICES*	121	1,844	\$	445,247.25	\$ 241.46	.058	\$ 3679.73	\$ 14.06
@XOVER EXCLUDING STATE HOSP**	687	9,561	\$	101,117.76	\$ 10.58	.302	\$ 147.19	\$ 3.19

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,713  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR MN - SOC - AGED      AID CODE 17 1Y

71 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	85	952	\$ 49,223.00	\$ 51.70	13.408	\$ 579.09	\$ 693.28
@PHYSICIANS SERVICES	18	104	\$ 1,760.41	\$ 16.93	1.465	\$ 97.80	\$ 24.79
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	18	104	1,760.41	16.93	1.465	97.80	24.79
@PHARMACY	41	456	\$ 13,189.93	\$ 28.93	6.423	\$ 321.71	\$ 185.77
PRESCRIPTION DRUGS	39	151	13,090.64	86.69	2.127	335.66	184.38
SNF/ICF	7	53	4,468.60	84.31	.746	638.37	62.94
OUTPATIENTS	32	98	8,622.04	87.98	1.380	269.44	121.44
MEDICAL SUPPLIES	2	305	99.29	.33	4.296	49.65	1.40
@DENTIST	5	22	\$ 220.00	\$ 10.00	.310	\$ 44.00	\$ 3.10
VISITS - DIAGNOSTIC	4	8	220.00	27.50	.113	55.00	3.10
ORAL SURGERY	1	12	.00	.00	.169	.00	.00

71 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	.00	.00	.028	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,714 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04 COLUSA COUNTY      SUMMARY OF SERVICES FOR MN - SOC - AGED      AID CODE 17 1Y							
@OPTOMETRIST	2	5	\$ 108.57	\$ 21.71	.070	\$ 54.29	\$ 1.53
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	53.11	17.70	.042	53.11	.75
OTHER OPTOMETRIC SERVICES	1	2	55.46	27.73	.028	55.46	.78
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	11	\$ 118.56	\$ 10.78	.155	\$ 39.52	\$ 1.67
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	11	118.56	10.78	.155	39.52	1.67
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	13	70	\$ 2,130.32	\$ 30.43	.986	\$ 163.87	\$ 30.00
HOSP INPATIENT TOTAL	3	12	1,381.85	115.15	.169	460.62	19.46
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	12	1,381.85	115.15	.169	460.62	19.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11	58	748.47	12.90	.817	68.04	10.54
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	11	58	748.47	12.90	.817	68.04	10.54
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MN - SOC - AGED

MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
  
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71 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST  
MONTHLY AVERAGE

UNITS/DAYS  
COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	70	\$	2,130.32	\$ 30.43	.986	\$ 163.87	\$ 30.00
COMM HOSP INPATIENT TOTAL	3	12		1,381.85	115.15	.169	460.62	19.46
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	12		1,381.85	115.15	.169	460.62	19.46
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	58		748.47	12.90	.817	68.04	10.54
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	11	58		748.47	12.90	.817	68.04	10.54
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	9	254	\$	29,323.52	\$ 115.45	3.577	\$ 3258.17	\$ 413.01
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	9	254		29,323.52	115.45	3.577	3258.17	413.01
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	5	\$	1,191.83	\$ 238.37	.070	\$ 297.96	\$ 16.79
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	5		1,191.83	238.37	.070	297.96	16.79
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	41.60	\$ 41.60	.014	\$ 41.60	\$ .59
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	1	1		41.60	41.60	.014	41.60	.59
@ORGANIZED OUTPATIENT CLINIC	9	13	\$	833.71	\$ 64.13	.183	\$ 92.63	\$ 11.74
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	9	13		833.71	64.13	.183	92.63	11.74

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - AGED

AID CODE 17 1Y

PAGE 1,716 01/29/04

71 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	11	\$ 304.55	\$ 27.69	.155	\$ 76.14	\$ 4.29
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	1	40.00	40.00	.014	40.00	.56
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	10	264.55	26.46	.141	88.18	3.73
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	39	191	\$ 7,515.73	\$ 39.35	2.690	\$ 192.71	\$ 105.86

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,717
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND	AID CODE 27	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
COLUSA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND							
	AID CODE 27							

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,719  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR MN - SOC - BLIND      AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV											
MOP024											
COLUSA COUNTY											

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR MN - SOC - BLIND

AID CODE 27

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,721  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 COLUSA COUNTY      SUMMARY OF SERVICES FOR MN - SOC - DISABLED      AID CODES 65 67 6W 6Y

53 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	70	1,249	\$ 64,266.70	\$ 51.45	23.566	\$ 918.10	\$ 1212.58
@PHYSICIANS SERVICES	19	92	\$ 4,354.20	\$ 47.33	1.736	\$ 229.17	\$ 82.15
OUTPATIENT VISITS	5	7	275.10	39.30	.132	55.02	5.19
OFFICE VISITS	2	3	105.00	35.00	.057	52.50	1.98
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	65.78	65.78	.019	65.78	1.24
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	3	104.32	34.77	.057	52.16	1.97
INPATIENT VISITS	3	22	1,018.54	46.30	.415	339.51	19.22
HOSPITAL VISITS	3	22	1,018.54	46.30	.415	339.51	19.22
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	17	1,103.42	64.91	.321	551.71	20.82
PRINCIPAL SURGEON	2	3	914.00	304.67	.057	457.00	17.25

ASSISTANT SURGEON	0	0		.00		.000		.00	.00
ANESTHESIOLOGIST	1	14		189.42		.264		189.42	3.57
OUTPATIENT SURGERY	4	21		1,125.58		.396		281.40	21.24
PRINCIPAL SURGEON	3	4		824.08		.075		274.69	15.55
ASSISTANT SURGEON	0	0		.00		.000		.00	.00
ANESTHESIOLOGIST	1	17		301.50		.321		301.50	5.69
DIALYSIS	0	0		.00		.000		.00	.00
PATHOLOGY	0	0		.00		.000		.00	.00
RADIOLOGY	5	11		244.13		.208		48.83	4.61
PSYCHIATRY	0	0		.00		.000		.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.000		.00	.00
OTHER SERVICES/ALL X-OVERS	10	14		587.43		.264		58.74	11.08
@PHARMACY	20	79	\$	14,269.88	\$	1.491	\$	713.49	\$ 269.24
PRESCRIPTION DRUGS	20	79		14,269.88		1.491		713.49	269.24
SNF/ICF	0	0		.00		.000		.00	.00
OUTPATIENTS	20	79		14,269.88		1.491		713.49	269.24
MEDICAL SUPPLIES	0	0		.00		.000		.00	.00
@DENTIST	3	40	\$	1,048.00	\$	.755	\$	349.33	\$ 19.77
VISITS - DIAGNOSTIC	2	21		275.00		.396		137.50	5.19
ORAL SURGERY	2	6		197.00		.113		98.50	3.72
DRUGS	0	0		.00		.000		.00	.00
ANESTHESIA	0	0		.00		.000		.00	.00
PERIODONTICS	1	2		.00		.038		.00	.00
ENDODONTICS	0	0		.00		.000		.00	.00
RESTORATIVE DENTISTRY	1	9		576.00		.170		576.00	10.87
PROSTHETICS	0	0		.00		.000		.00	.00
DENTURES, STAYPLATES	1	2		.00		.038		.00	.00
SPACE MAINTAINERS	0	0		.00		.000		.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.000		.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.000		.00	.00
ORTHODONTIC SERVICES	0	0		.00		.000		.00	.00
ALL OTHER SERVICES	0	0		.00		.000		.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 1,722
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y								

53 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	3	\$ 53.11	\$ 17.70	.057	\$ 26.56	\$ 1.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	3	53.11	17.70	.057	26.56	1.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	7	\$ 524.02	\$ 74.86	.132	\$ 524.02	\$ 9.89
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	35	294	\$ 42,068.32	\$ 143.09	5.547	\$ 1201.95	\$ 793.74
HOSP INPATIENT TOTAL	7	22	38,461.63	1748.26	.415	5494.52	725.69
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	5	19	37,382.88	1967.52	.358	7476.58	705.34
ACCOMMODATIONS	5	19	11,784.58	620.24	.358	2356.92	222.35

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	19	11,784.58	620.24	.358	2356.92	222.35
ANCILLARIES	5	0	25,598.30	.00	.000	5119.66	482.99
INPATIENT CROSSOVERS	2	3	1,078.75	359.58	.057	539.38	20.35
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	31	272	3,606.69	13.26	5.132	116.34	68.05
MEDICAL	10	22	2,028.76	92.22	.415	202.88	38.28
SURGERY	1	1	61.68	61.68	.019	61.68	1.16
PATHOLOGY	10	97	956.33	9.86	1.830	95.63	18.04
RADIOLOGY	5	9	618.17	68.69	.170	123.63	11.66
ROOM USE	8	17	732.65	43.10	.321	91.58	13.82
CROSSOVERS/ALL OTH OUTPTNT	21	126	790.90CR	6.28CR	2.377	37.66CR	14.92CR
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,723
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y						

53 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	35	294	\$ 42,068.32	\$ 143.09	5.547	\$ 1201.95	\$ 793.74
COMM HOSP INPATIENT TOTAL	7	22	38,461.63	1748.26	.415	5494.52	725.69
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	5	19	37,382.88	1967.52	.358	7476.58	705.34
ACCOMMODATIONS	5	19	11,784.58	620.24	.358	2356.92	222.35
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	19	11,784.58	620.24	.358	2356.92	222.35
ANCILLARIES	5	0	25,598.30	.00	.000	5119.66	482.99
INPATIENT CROSSOVERS	2	3	1,078.75	359.58	.057	539.38	20.35
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	31	272	3,606.69	13.26	5.132	116.34	68.05
MEDICAL	10	22	2,028.76	92.22	.415	202.88	38.28
SURGERY	1	1	61.68	61.68	.019	61.68	1.16
PATHOLOGY	10	97	956.33	9.86	1.830	95.63	18.04
RADIOLOGY	5	9	618.17	68.69	.170	123.63	11.66
ROOM USE	8	17	732.65	43.10	.321	91.58	13.82
CROSSOVERS/ALL OTH OUTPTNT	21	126	790.90CR	6.28CR	2.377	37.66CR	14.92CR
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00



THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,725  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

102 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	128	1,039	\$ 88,600.35	\$ 85.27	10.186	\$	692.19	\$ 868.63
@PHYSICIANS SERVICES	48	367	\$ 10,442.62	\$ 28.45	3.598	\$	217.55	\$ 102.38
OUTPATIENT VISITS	18	23	943.76	41.03	.225		52.43	9.25
OFFICE VISITS	16	21	727.60	34.65	.206		45.48	7.13
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	2	2	216.16	108.08	.020		108.08	2.12
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	8	37		2,036.51	55.04	.363	254.56	19.97
HOSPITAL VISITS	7	33		1,612.81	48.87	.324	230.40	15.81
CRITICAL CARE	2	4		423.70	105.93	.039	211.85	4.15
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	27		1,610.70	59.66	.265	322.14	15.79
PRINCIPAL SURGEON	4	5		1,178.10	235.62	.049	294.53	11.55
ASSISTANT SURGEON	1	1		34.02	34.02	.010	34.02	.33
ANESTHESIOLOGIST	2	21		398.58	18.98	.206	199.29	3.91
OUTPATIENT SURGERY	9	46		2,060.89	44.80	.451	228.99	20.20
PRINCIPAL SURGEON	2	2		871.70	435.85	.020	435.85	8.55
ASSISTANT SURGEON	2	2		170.51	85.26	.020	85.26	1.67
ANESTHESIOLOGIST	7	42		1,018.68	24.25	.412	145.53	9.99
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	5	17		365.18	21.48	.167	73.04	3.58
RADIOLOGY	14	55		1,389.47	25.26	.539	99.25	13.62
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	135		1,218.25	9.02	1.324	243.65	11.94
OTHER SERVICES/ALL X-OVERS	9	27		817.86	30.29	.265	90.87	8.02
@PHARMACY	40	98	\$	7,750.94	\$ 79.09	.961	\$ 193.77	\$ 75.99
PRESCRIPTION DRUGS	37	94		7,544.29	80.26	.922	203.90	73.96
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	37	94		7,544.29	80.26	.922	203.90	73.96
MEDICAL SUPPLIES	3	4		206.65	51.66	.039	68.88	2.03
@DENTIST	10	30	\$	1,293.00	\$ 43.10	.294	\$ 129.30	\$ 12.68
VISITS - DIAGNOSTIC	5	16		215.00	13.44	.157	43.00	2.11
ORAL SURGERY	2	3		199.00	66.33	.029	99.50	1.95
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		200.00	200.00	.010	200.00	1.96
ENDODONTICS	2	2		590.00	295.00	.020	295.00	5.78
RESTORATIVE DENTISTRY	3	5		89.00	17.80	.049	29.67	.87
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	3		.00	.00	.029	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

PAGE 1,726 01/29/04

102 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 90.30	\$ 22.58	.039	\$ 90.30	\$ .89
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.010	47.45	.47
EYE APPLIANCES	1	3	42.85	14.28	.029	42.85	.42
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	2	2	\$ 33.44	\$ 16.72	.020	\$ 16.72	\$ .33
VISITS	2	2	33.44	16.72	.020	16.72	.33
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

@HOME HEALTH AGENCY	1	1	\$	74.86	\$	74.86	.010	\$	74.86	\$	.73
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	44	219	\$	57,687.32	\$	263.41	2.147	\$	1311.08	\$	565.56
HOSP INPATIENT TOTAL	6	20		51,367.76		2568.39	.196		8561.29		503.61
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	6	20		51,367.76		2568.39	.196		8561.29		503.61
ACCOMMODATIONS	6	20		11,281.76		564.09	.196		1880.29		110.61
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	20		11,281.76		564.09	.196		1880.29		110.61
ANCILLARIES	6	0		40,086.00		.00	.000		6681.00		393.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	39	199		6,319.56		31.76	1.951		162.04		61.96
MEDICAL	12	16		529.48		33.09	.157		44.12		5.19
SURGERY	7	7		549.19		78.46	.069		78.46		5.38
PATHOLOGY	19	76		878.34		11.56	.745		46.23		8.61
RADIOLOGY	18	26		2,268.44		87.25	.255		126.02		22.24
ROOM USE	20	35		1,630.43		46.58	.343		81.52		15.98
CROSSOVERS/ALL OTH OUTPTNT	15	39		463.68		11.89	.382		30.91		4.55
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,727  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

102 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	44	219	\$ 57,687.32	\$ 263.41	2.147	\$ 1311.08	\$ 565.56
COMM HOSP INPATIENT TOTAL	6	20	51,367.76	2568.39	.196	8561.29	503.61
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	6	20	51,367.76	2568.39	.196	8561.29	503.61
ACCOMMODATIONS	6	20	11,281.76	564.09	.196	1880.29	110.61
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	20	11,281.76	564.09	.196	1880.29	110.61
ANCILLARIES	6	0	40,086.00	.00	.000	6681.00	393.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	39	199	6,319.56	31.76	1.951	162.04	61.96
MEDICAL	12	16	529.48	33.09	.157	44.12	5.19

SURGERY	7	7	549.19	78.46	.069	78.46	5.38
PATHOLOGY	19	76	878.34	11.56	.745	46.23	8.61
RADIOLOGY	18	26	2,268.44	87.25	.255	126.02	22.24
ROOM USE	20	35	1,630.43	46.58	.343	81.52	15.98
CROSSOVERS/ALL OTH OUTPTNT	15	39	463.68	11.89	.382	30.91	4.55
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	167	\$ 1,963.73	\$ 11.76	1.637	\$ 981.87	\$ 19.25
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	167	1,963.73	11.76	1.637	981.87	19.25
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	13	48	\$ 724.82	\$ 15.10	.471	\$ 55.76	\$ 7.11
PATHOLOGY	13	48	724.82	15.10	.471	55.76	7.11
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	25	39	\$ 3,539.54	\$ 90.76	.382	\$ 141.58	\$ 34.70
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	25	39	3,539.54	90.76	.382	141.58	34.70

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,728  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

102 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10	64	\$ 4,999.78	\$ 78.12	.627	\$ 499.98	\$ 49.02
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	50	4,810.36	96.21	.490	1202.59	47.16
AMBULANCES/AIR TRANS	4	48	1,210.36	25.22	.471	302.59	11.87
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.020	1800.00	35.29
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	12	175.02	14.59	.118	35.00	1.72
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	14.40	7.20	.020	14.40	.14
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,729
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL	

226 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	283	3,240	\$ 202,090.05	\$ 62.37	14.336	\$ 714.10	\$ 894.20
@PHYSICIANS SERVICES	85	563	\$ 16,557.23	\$ 29.41	2.491	\$ 194.79	\$ 73.26
OUTPATIENT VISITS	23	30	1,218.86	40.63	.133	52.99	5.39
OFFICE VISITS	18	24	832.60	34.69	.106	46.26	3.68
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	281.94	93.98	.013	93.98	1.25
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	3	104.32	34.77	.013	52.16	.46
INPATIENT VISITS	11	59	3,055.05	51.78	.261	277.73	13.52
HOSPITAL VISITS	10	55	2,631.35	47.84	.243	263.14	11.64
CRITICAL CARE	2	4	423.70	105.93	.018	211.85	1.87
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	44	2,714.12	61.68	.195	387.73	12.01
PRINCIPAL SURGEON	6	8	2,092.10	261.51	.035	348.68	9.26
ASSISTANT SURGEON	1	1	34.02	34.02	.004	34.02	.15
ANESTHESIOLOGIST	3	35	588.00	16.80	.155	196.00	2.60
OUTPATIENT SURGERY	13	67	3,186.47	47.56	.296	245.11	14.10
PRINCIPAL SURGEON	5	6	1,695.78	282.63	.027	339.16	7.50
ASSISTANT SURGEON	2	2	170.51	85.26	.009	85.26	.75
ANESTHESIOLOGIST	8	59	1,320.18	22.38	.261	165.02	5.84
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	17	365.18	21.48	.075	73.04	1.62
RADIOLOGY	19	66	1,633.60	24.75	.292	85.98	7.23
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	135	1,218.25	9.02	.597	243.65	5.39
OTHER SERVICES/ALL X-OVERS	37	145	3,165.70	21.83	.642	85.56	14.01
@PHARMACY	101	633	\$ 35,210.75	\$ 55.63	2.801	\$ 348.62	\$ 155.80
PRESCRIPTION DRUGS	96	324	34,904.81	107.73	1.434	363.59	154.45
SNF/ICF	7	53	4,468.60	84.31	.235	638.37	19.77
OUTPATIENTS	89	271	30,436.21	112.31	1.199	341.98	134.67
MEDICAL SUPPLIES	5	309	305.94	.99	1.367	61.19	1.35
@DENTIST	18	92	\$ 2,561.00	\$ 27.84	.407	\$ 142.28	\$ 11.33
VISITS - DIAGNOSTIC	11	45	710.00	15.78	.199	64.55	3.14
ORAL SURGERY	5	21	396.00	18.86	.093	79.20	1.75
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	3	200.00	66.67	.013	100.00	.88
ENDODONTICS	2	2	590.00	295.00	.009	295.00	2.61

RESTORATIVE DENTISTRY	4	14	665.00	47.50	.062	166.25	2.94
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	4	.00	.00	.018	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	3	.00	.00	.013	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,730  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR MN - SOC - TOTAL

	226 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5		12    \$	251.98	\$ 21.00	.053	\$ 50.40	\$ 1.11
DIAGNOSTIC AND ANC. PROCED	1		1	47.45	47.45	.004	47.45	.21

EYE APPLIANCES	4	9		149.07	16.56	.040	37.27	.66
OTHER OPTOMETRIC SERVICES	1	2		55.46	27.73	.009	55.46	.25
@CHIROPRACTOR	2	2	\$	33.44	16.72	.009	16.72	\$ .15
VISITS	2	2		33.44	16.72	.009	16.72	.15
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	3	11	\$	118.56	10.78	.049	39.52	\$ .52
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	3	11		118.56	10.78	.049	39.52	.52
@HOME HEALTH AGENCY	2	8	\$	598.88	74.86	.035	299.44	\$ 2.65
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	\$ .00
@TOTAL HOSPITAL	92	583	\$	101,885.96	174.76	2.580	1107.46	\$ 450.82
HOSP INPATIENT TOTAL	16	54		91,211.24	1689.10	.239	5700.70	403.59
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	11	39		88,750.64	2275.66	.173	8068.24	392.70
ACCOMMODATIONS	11	39		23,066.34	591.44	.173	2096.94	102.06
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	39		23,066.34	591.44	.173	2096.94	102.06
ANCILLARIES	11	0		65,684.30	.00	.000	5971.30	290.64
INPATIENT CROSSOVERS	5	15		2,460.60	164.04	.066	492.12	10.89
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	81	529		10,674.72	20.18	2.341	131.79	47.23
MEDICAL	22	38		2,558.24	67.32	.168	116.28	11.32
SURGERY	8	8		610.87	76.36	.035	76.36	2.70
PATHOLOGY	29	173		1,834.67	10.61	.765	63.26	8.12
RADIOLOGY	23	35		2,886.61	82.47	.155	125.50	12.77
ROOM USE	28	52		2,363.08	45.44	.230	84.40	10.46
CROSSOVERS/ALL OTH OUTPTNT	47	223		421.25	1.89	.987	8.96	1.86
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	.00	.000	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,731  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 COLUSA COUNTY      SUMMARY OF SERVICES FOR MN - SOC - TOTAL

	226 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	92		583	\$ 101,885.96	\$ 174.76	2.580	\$ 1107.46	\$ 450.82
COMM HOSP INPATIENT TOTAL	16		54	91,211.24	1689.10	.239	5700.70	403.59
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	11	39		88,750.64	2275.66	.173	8068.24	392.70
ACCOMMODATIONS	11	39		23,066.34	591.44	.173	2096.94	102.06
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	39		23,066.34	591.44	.173	2096.94	102.06
ANCILLARIES	11	0		65,684.30	.00	.000	5971.30	290.64
INPATIENT CROSSOVERS	5	15		2,460.60	164.04	.066	492.12	10.89
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	81	529		10,674.72	20.18	2.341	131.79	47.23
MEDICAL	22	38		2,558.24	67.32	.168	116.28	11.32
SURGERY	8	8		610.87	76.36	.035	76.36	2.70
PATHOLOGY	29	173		1,834.67	10.61	.765	63.26	8.12
RADIOLOGY	23	35		2,886.61	82.47	.155	125.50	12.77
ROOM USE	28	52		2,363.08	45.44	.230	84.40	10.46
CROSSOVERS/ALL OTH OUTPTNT	47	223		421.25	1.89	.987	8.96	1.86
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	9	254	\$	29,323.52	\$ 115.45	1.124	\$ 3258.17	\$ 129.75
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	9	254		29,323.52	115.45	1.124	3258.17	129.75
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	172	\$	3,155.56	\$ 18.35	.761	\$ 525.93	\$ 13.96
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	172		3,155.56	18.35	.761	525.93	13.96
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	15	54	\$	841.96	\$ 15.59	.239	\$ 56.13	\$ 3.73
PATHOLOGY	14	53		800.36	15.10	.235	57.17	3.54
XO AND OTHERS	1	1		41.60	41.60	.004	41.60	.18
@ORGANIZED OUTPATIENT CLINIC	46	75	\$	5,158.97	\$ 68.79	.332	\$ 112.15	\$ 22.83
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	46	75		5,158.97	68.79	.332	112.15	22.83

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,732  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR MN - SOC - TOTAL

	226 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	29		781	\$ 6,392.24	\$ 8.18	3.456	\$ 220.42	\$ 28.28
DURABLE MED. EQUIP.	1		1	34.00	34.00	.004	34.00	.15
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	12		172	5,386.84	31.32	.761	448.90	23.84
AMBULANCES/AIR TRANS	9		59	1,562.04	26.48	.261	173.56	6.91
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	5		113	3,824.80	33.85	.500	764.96	16.92
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	13	215.02	16.54	.058	35.84	.95
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	14.40	7.20	.009	14.40	.06
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	593	741.98	1.25	2.624	82.44	3.28
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	59	459	\$ 8,284.31	\$ 18.05	2.031	\$ 140.41	\$ 36.66

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,733
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED	AID CODE 13	

481 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	486	21,795	\$ 1,462,579.84	\$ 67.11	45.312	\$ 3009.42	\$ 3040.71
@PHYSICIANS SERVICES	64	87	\$ 1,165.53	\$ 13.40	.181	\$ 18.21	\$ 2.42
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	64	87	1,165.53	13.40	.181	18.21	2.42
@PHARMACY	431	3,106	\$ 168,505.14	\$ 54.25	6.457	\$ 390.96	\$ 350.32
PRESCRIPTION DRUGS	431	3,098	168,209.61	54.30	6.441	390.28	349.71

SNF/ICF	429	3,066		169,541.78		55.30	6.374	395.20	352.48
OUTPATIENTS	5	32		1,332.17CR		41.63CR	.067	266.43CR	2.77CR
MEDICAL SUPPLIES	5	8		295.53		36.94	.017	59.11	.61
@DENTIST	25	56	\$	6,574.00	\$	117.39	.116	262.96	13.67
VISITS - DIAGNOSTIC	18	22		650.00		29.55	.046	36.11	1.35
ORAL SURGERY	5	22		1,334.00		60.64	.046	266.80	2.77
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	7	12		4,590.00		382.50	.025	655.71	9.54
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024  
COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED

AID CODE 13

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481 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	9	\$ 159.33	\$ 17.70	.019	\$ 53.11	\$ .33
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	3	9	159.33	17.70	.019	53.11	.33
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	41	75	\$ 433.02	\$ 5.77	.156	\$ 10.56	\$ .90
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	41	75	433.02	5.77	.156	10.56	.90
@HOME HEALTH AGENCY	1	2	\$ 8.25	\$ 4.13	.004	\$ 8.25	\$ .02
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	34	138	\$ 5,341.84	\$ 38.71	.287	\$ 157.11	\$ 11.11
HOSP INPATIENT TOTAL	5	9	2,919.15	324.35	.019	583.83	6.07
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	9	2,919.15	324.35	.019	583.83	6.07
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	31	129	2,422.69	18.78	.268	78.15	5.04
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	31	129	2,422.69	18.78	.268	78.15	5.04
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

481 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	34	138	\$ 5,341.84	\$ 38.71	.287		\$ 157.11	\$ 11.11
COMM HOSP INPATIENT TOTAL	5	9	2,919.15	324.35	.019		583.83	6.07
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	5	9	2,919.15	324.35	.019		583.83	6.07
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	31	129	2,422.69	18.78	.268		78.15	5.04
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	31	129	2,422.69	18.78	.268		78.15	5.04
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	429	13,062	\$ 1,248,586.46	\$ 95.59	27.156		\$ 2910.46	\$ 2595.81
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	32	1,064	113,999.07	107.14	2.212		3562.47	237.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	397	11,998	1,134,587.39	94.56	24.944		2857.90	2358.81
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000		.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000		.00	.00
@LABORATORY FACILITY	1	3	\$ 6.15	\$ 2.05	.006		\$ 6.15	\$ .01
PATHOLOGY	0	0	.00	.00	.000		.00	.00
XO AND OTHERS	1	3	6.15	2.05	.006		6.15	.01
@ORGANIZED OUTPATIENT CLINIC	7	14	\$ 227.99	\$ 16.29	.029		\$ 32.57	\$ .47
CLINIC	0	0	.00	.00	.000		.00	.00
SURGICENTER	0	0	.00	.00	.000		.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	7	14	227.99	16.29	.029		32.57	.47

481 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	80	5,243	\$ 31,572.13	\$ 6.02	10.900		\$ 394.65	\$ 65.64

DURABLE MED. EQUIP.	22	66	22,507.88	341.03	.137	1023.09	46.79
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	11	5,108.73	464.43	.023	729.82	10.62
MEDICAL TRANSPORTATION	29	1,116	2,257.83	2.02	2.320	77.86	4.69
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	18	841	1,779.19	2.12	1.748	98.84	3.70
OTHER SERVICES	12	275	478.64	1.74	.572	39.89	1.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	14	189.72	13.55	.029	37.94	.39
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	10	19	15.18	.80	.040	1.52	.03
PROSTHETIST/ORTHOTISTS	1	2	72.38	36.19	.004	72.38	.15
PROSTHETICS	1	2	72.38	36.19	.004	72.38	.15
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	59.03	29.52	.004	59.03	.12
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	4,013	1,361.38	.34	8.343	123.76	2.83
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	159	3,852	20,947.09	5.44	8.008	131.74	43.55

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,737  
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COLUSA COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND      AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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COLUSA COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND      AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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COLUSA COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND      AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

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COLUSA COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND      AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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COLUSA COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED      AID CODE 63

84 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	83	4,049	\$ 283,175.63	\$ 69.94	48.202	\$ 3411.75	\$ 3371.14
@PHYSICIANS SERVICES	16	26	\$ 563.10	\$ 21.66	.310	\$ 35.19	\$ 6.70
OUTPATIENT VISITS	1	1	24.00	24.00	.012	24.00	.29
OFFICE VISITS	1	1	24.00	24.00	.012	24.00	.29
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	2	7		224.73		32.10	.083	112.37	2.68
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	2	7		224.73		32.10	.083	112.37	2.68
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	14	18		314.37		17.47	.214	22.46	3.74
@PHARMACY	67	1,330	\$	17,600.13	\$	13.23	15.833	\$ 262.69	\$ 209.53
PRESCRIPTION DRUGS	67	322		17,014.62		52.84	3.833	253.95	202.56
SNF/ICF	65	317		16,239.35		51.23	3.774	249.84	193.33
OUTPATIENTS	2	5		775.27		155.05	.060	387.64	9.23
MEDICAL SUPPLIES	2	1,008		585.51		.58	12.000	292.76	6.97
@DENTIST	6	38	\$	1,083.00	\$	28.50	.452	\$ 180.50	\$ 12.89
VISITS - DIAGNOSTIC	6	31		310.00		10.00	.369	51.67	3.69
ORAL SURGERY	1	2		83.00		41.50	.024	83.00	.99
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	2	4		600.00		150.00	.048	300.00	7.14
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1		90.00		90.00	.012	90.00	1.07
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

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COLUSA COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED      AID CODE 63

84 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	10	\$ 170.38	\$ 17.04	.119	\$ 42.60	\$ 2.03
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	4	10	170.38	17.04	.119	42.60	2.03
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	11	21	\$ 146.19	\$ 6.96	.250	\$ 13.29	\$ 1.74
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	11	21	146.19	6.96	.250	13.29	1.74
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	4	27	\$	648.20	\$	24.01	.321	\$	162.05	\$	7.72
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4	27		648.20		24.01	.321		162.05		7.72
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		50.47		50.47	.012		50.47		.60
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	2		121.26		60.63	.024		121.26		1.44
CROSSOVERS/ALL OTH OUTPTNT	4	24		476.47		19.85	.286		119.12		5.67
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 1,743
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COLUSA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63										

84 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	27	\$ 648.20	\$ 24.01	.321	\$ 162.05	\$ 7.72
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	27	648.20	24.01	.321	162.05	7.72
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	50.47	50.47	.012	50.47	.60
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	121.26	60.63	.024	121.26	1.44

CROSSOVERS/ALL OTH OUTPTNT	4	24		476.47	19.85	.286	119.12	5.67
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	61	1,891	\$	185,513.71	98.10	22.512	3041.21	2208.50
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	61	1,891		185,513.71	98.10	22.512	3041.21	2208.50
@INTERMEDIATE CARE FACIL.-DD	10	399	\$	67,942.75	170.28	4.750	6794.28	808.84
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	1	22		2,834.92	128.86	.262	2834.92	33.75
ICF DDN/DDCN	9	377		65,107.83	172.70	4.488	7234.20	775.09
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	6	\$	231.21	38.54	.071	231.21	2.75
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	1	6		231.21	38.54	.071	231.21	2.75
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

84 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	22	301	\$ 9,276.96	\$ 30.82	3.583	\$ 421.68	\$ 110.44
DURABLE MED. EQUIP.	4	30	6,834.05	227.80	.357	1708.51	81.36
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	211	674.91	3.20	2.512	224.97	8.03
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	72	126.30	1.75	.857	126.30	1.50
OTHER SERVICES	2	139	548.61	3.95	1.655	274.31	6.53
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	76.00	9.50	.095	19.00	.90
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	5	7	6.65	.95	.083	1.33	.08
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	12	45	1,685.35	37.45	.536	140.45	20.06
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	27	207	\$	1,865.80	\$	9.01	2.464	\$	69.10
								\$	22.21

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,745
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	MN - LONG TERM CARE - FAMILIES	DISCONTINUED

						----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,746
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED						
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00		.00	.000	.00		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,747  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES      DISCONTINUED

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
COLUSA COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

PAGE 1,748  
01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,749
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL		

565 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	569	25,844	\$ 1,745,755.47	\$ 67.55	45.742	\$ 3068.11	\$ 3089.83
@PHYSICIANS SERVICES	80	113	\$ 1,728.63	\$ 15.30	.200	\$ 21.61	\$ 3.06
OUTPATIENT VISITS	1	1	24.00	24.00	.002	24.00	.04
OFFICE VISITS	1	1	24.00	24.00	.002	24.00	.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	7	224.73	32.10	.012	112.37	.40
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	7	224.73	32.10	.012	112.37	.40
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	78	105	1,479.90	14.09	.186	18.97	2.62
@PHARMACY	498	4,436	\$ 186,105.27	\$ 41.95	7.851	\$ 373.71	\$ 329.39
PRESCRIPTION DRUGS	498	3,420	185,224.23	54.16	6.053	371.94	327.83
SNF/ICF	494	3,383	185,781.13	54.92	5.988	376.08	328.82
OUTPATIENTS	7	37	556.90CR	15.05CR	.065	79.56CR	.99CR
MEDICAL SUPPLIES	7	1,016	881.04	.87	1.798	125.86	1.56
@DENTIST	31	94	\$ 7,657.00	\$ 81.46	.166	\$ 247.00	\$ 13.55

VISITS - DIAGNOSTIC	24	53	960.00	18.11	.094	40.00	1.70
ORAL SURGERY	6	24	1,417.00	59.04	.042	236.17	2.51
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	4	600.00	150.00	.007	300.00	1.06
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	90.00	90.00	.002	90.00	.16
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	7	12	4,590.00	382.50	.021	655.71	8.12
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04

## COLUSA COUNTY

## SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

565 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	19	\$ 329.71	\$ 17.35	.034	\$ 47.10	\$ .58
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	7	19	329.71	17.35	.034	47.10	.58
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	52	96	\$ 579.21	\$ 6.03	.170	\$ 11.14	\$ 1.03
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	52	96	579.21	6.03	.170	11.14	1.03
@HOME HEALTH AGENCY	1	2	\$ 8.25	\$ 4.13	.004	\$ 8.25	\$ .01
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	38	165	\$ 5,990.04	\$ 36.30	.292	\$ 157.63	\$ 10.60
HOSP INPATIENT TOTAL	5	9	2,919.15	324.35	.016	583.83	5.17
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	9	2,919.15	324.35	.016	583.83	5.17
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	35	156	3,070.89	19.69	.276	87.74	5.44
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	50.47	50.47	.002	50.47	.09
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	121.26	60.63	.004	121.26	.21
CROSSOVERS/ALL OTH OUTPTNT	35	153	2,899.16	18.95	.271	82.83	5.13
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

565 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	38	165	\$ 5,990.04	\$ 36.30	.292	\$ 157.63	\$ 10.60
COMM HOSP INPATIENT TOTAL	5	9	2,919.15	324.35	.016	583.83	5.17
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	9	2,919.15	324.35	.016	583.83	5.17
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	35	156	3,070.89	19.69	.276	87.74	5.44
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	50.47	50.47	.002	50.47	.09
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	121.26	60.63	.004	121.26	.21
CROSSOVERS/ALL OTH OUTPTNT	35	153	2,899.16	18.95	.271	82.83	5.13
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	490	14,953	\$ 1,434,100.17	\$ 95.91	26.465	\$ 2926.74	\$ 2538.23
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	32	1,064	113,999.07	107.14	1.883	3562.47	201.77
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	458	13,889	1,320,101.10	95.05	24.582	2882.32	2336.46
@INTERMEDIATE CARE FACIL.-DD	10	399	\$ 67,942.75	\$ 170.28	.706	\$ 6794.28	\$ 120.25
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	1	22	2,834.92	128.86	.039	2834.92	5.02
ICF DDN/DDCN	9	377	65,107.83	172.70	.667	7234.20	115.24
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	3	\$ 6.15	\$ 2.05	.005	\$ 6.15	\$ .01
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	1	3	6.15	2.05	.005	6.15	.01
@ORGANIZED OUTPATIENT CLINIC	8	20	\$ 459.20	\$ 22.96	.035	\$ 57.40	\$ .81
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	1	6	231.21	38.54	.011	231.21	.41
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7	14	227.99	16.29	.025	32.57	.40

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

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565 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	102	5,544	\$ 40,849.09	\$ 7.37	9.812	\$ 400.48	\$ 72.30
DURABLE MED. EQUIP.	26	96	29,341.93	305.65	.170	1128.54	51.93
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	11	5,108.73	464.43	.019	729.82	9.04
MEDICAL TRANSPORTATION	32	1,327	2,932.74	2.21	2.349	91.65	5.19

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	19	913	1,905.49	2.09	1.616	100.29	3.37
OTHER SERVICES	14	414	1,027.25	2.48	.733	73.38	1.82
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	22	265.72	12.08	.039	29.52	.47
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	15	26	21.83	.84	.046	1.46	.04
PROSTHETIST/ORTHOTISTS	1	2	72.38	36.19	.004	72.38	.13
PROSTHETICS	1	2	72.38	36.19	.004	72.38	.13
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	13	47	1,744.38	37.11	.083	134.18	3.09
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	4,013	1,361.38	.34	7.103	123.76	2.41
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	186	4,059	\$ 22,812.89	\$ 5.62	7.184	\$ 122.65	\$ 40.38

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,753
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	MEDICALLY NEEDY - AGED	

1,982 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,696	36,827	\$ 1,961,003.70	\$ 53.25	18.581	\$ 1156.25	\$ 989.41
@PHYSICIANS SERVICES	333	878	\$ 21,615.52	\$ 24.62	.443	\$ 64.91	\$ 10.91
OUTPATIENT VISITS	42	58	2,170.47	37.42	.029	51.68	1.10
OFFICE VISITS	37	50	1,675.33	33.51	.025	45.28	.85
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	460.94	92.19	.003	92.19	.23
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	3	34.20	11.40	.002	17.10	.02
INPATIENT VISITS	9	27	1,300.78	48.18	.014	144.53	.66
HOSPITAL VISITS	9	27	1,300.78	48.18	.014	144.53	.66
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	5	258.20	51.64	.003	64.55	.13
EXAMINATIONS	4	5	258.20	51.64	.003	64.55	.13
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	219.04	219.04	.001	219.04	.11
PRINCIPAL SURGEON	1	1	219.04	219.04	.001	219.04	.11
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	7	14	1,903.68	135.98	.007	271.95	.96
PRINCIPAL SURGEON	6	8	1,781.65	222.71	.004	296.94	.90
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6	122.03	20.34	.003	122.03	.06
DIALYSIS	5	10	1,200.16	120.02	.005	240.03	.61
PATHOLOGY	7	25	78.18	3.13	.013	11.17	.04

RADIOLOGY	11	21		1,159.67		55.22	.011	105.42	.59
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2		34.50		17.25	.001	34.50	.02
OTHER SERVICES/ALL X-OVERS	292	715		13,290.84		18.59	.361	45.52	6.71
@PHARMACY	1,384	10,380	\$	429,585.83	\$	41.39	5.237	310.39	216.74
PRESCRIPTION DRUGS	1,371	6,543		423,723.17		64.76	3.301	309.06	213.79
SNF/ICF	454	3,222		177,939.87		55.23	1.626	391.94	89.78
OUTPATIENTS	921	3,321		245,783.30		74.01	1.676	266.87	124.01
MEDICAL SUPPLIES	65	3,837		5,862.66		1.53	1.936	90.19	2.96
@DENTIST	67	232	\$	16,733.00	\$	72.13	.117	249.75	8.44
VISITS - DIAGNOSTIC	47	98		1,727.00		17.62	.049	36.74	.87
ORAL SURGERY	15	78		3,484.00		44.67	.039	232.27	1.76
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	1	1		100.00		100.00	.001	100.00	.05
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	10		435.00		43.50	.005	87.00	.22
PROSTHETICS	1	1		30.00		30.00	.001	30.00	.02
DENTURES, STAYPLATES	18	42		10,957.00		260.88	.021	608.72	5.53
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	1	2		.00		.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 1,754
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED								

----- MONTHLY AVERAGE -----									
1,982 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	19	56	\$ 981.46	\$ 17.53	.028	\$ 51.66	\$ .50		
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.001	47.45	.02		
EYE APPLIANCES	15	43	734.02	17.07	.022	48.93	.37		
OTHER OPTOMETRIC SERVICES	5	12	199.99	16.67	.006	40.00	.10		
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	62	110	\$ 775.57	\$ 7.05	.055	\$ 12.51	\$ .39		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	62	110	775.57	7.05	.055	12.51	.39		
@HOME HEALTH AGENCY	1	2	\$ 8.25	\$ 4.13	.001	\$ 8.25	\$ .00		
NURSE ANESTHESIST	4	29	\$ 149.49	\$ 5.15	.015	\$ 37.37	\$ .08		
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
@TOTAL HOSPITAL	292	1,297	\$ 70,374.54	\$ 54.26	.654	\$ 241.01	\$ 35.51		
HOSP INPATIENT TOTAL	28	79	50,376.08	637.67	.040	1799.15	25.42		
HSC HOSPITALS	1	3	3,240.00	1080.00	.002	3240.00	1.63		
NON-HSC HOSPITAL TOTAL	6	19	34,707.13	1826.69	.010	5784.52	17.51		
ACCOMMODATIONS	6	19	10,720.89	564.26	.010	1786.82	5.41		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	6	19	10,720.89	564.26	.010	1786.82	5.41		
ANCILLARIES	6	0	23,986.24	.00	.000	3997.71	12.10		
INPATIENT CROSSOVERS	21	57	12,428.95	218.05	.029	591.85	6.27		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	281	1,218	19,998.46	16.42	.615	71.17	10.09		
MEDICAL	10	21	528.10	25.15	.011	52.81	.27		

SURGERY	5	5	255.71	51.14	.003	51.14	.13
PATHOLOGY	21	94	1,066.27	11.34	.047	50.77	.54
RADIOLOGY	14	17	564.50	33.21	.009	40.32	.28
ROOM USE	14	21	1,269.63	60.46	.011	90.69	.64
CROSSOVERS/ALL OTH OUTPTNT	257	1,060	16,314.25	15.39	.535	63.48	8.23
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,755
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED						
----- MONTHLY AVERAGE -----							
1,982 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	292	1,297	\$ 70,374.54	\$ 54.26	.654	\$ 241.01	\$ 35.51
COMM HOSP INPATIENT TOTAL	28	79	50,376.08	637.67	.040	1799.15	25.42
HSC HOSPITALS	1	3	3,240.00	1080.00	.002	3240.00	1.63
NON-HSC HOSPITALS TOTAL	6	19	34,707.13	1826.69	.010	5784.52	17.51
ACCOMMODATIONS	6	19	10,720.89	564.26	.010	1786.82	5.41
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	19	10,720.89	564.26	.010	1786.82	5.41
ANCILLARIES	6	0	23,986.24	.00	.000	3997.71	12.10
INPATIENT CROSSOVERS	21	57	12,428.95	218.05	.029	591.85	6.27
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	281	1,218	19,998.46	16.42	.615	71.17	10.09
MEDICAL	10	21	528.10	25.15	.011	52.81	.27
SURGERY	5	5	255.71	51.14	.003	51.14	.13
PATHOLOGY	21	94	1,066.27	11.34	.047	50.77	.54
RADIOLOGY	14	17	564.50	33.21	.009	40.32	.28
ROOM USE	14	21	1,269.63	60.46	.011	90.69	.64
CROSSOVERS/ALL OTH OUTPTNT	257	1,060	16,314.25	15.39	.535	63.48	8.23
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	460	13,791	\$ 1,340,078.50	\$ 97.17	6.958	\$ 2913.21	\$ 676.12
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	32	1,064	113,999.07	107.14	.537	3562.47	57.52
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	428	12,727	1,226,079.43	96.34	6.421	2864.67	618.61
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	18	249	\$ 9,514.70	\$ 38.21	.126	\$ 528.59	\$ 4.80
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	18	249	9,514.70	38.21	.126	528.59	4.80
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	28	129	\$ 1,851.08	\$ 14.35	.065	\$ 66.11	\$ .93
PATHOLOGY	25	124	1,800.84	14.52	.063	72.03	.91
XO AND OTHERS	3	5	50.24	10.05	.003	16.75	.03
@ORGANIZED OUTPATIENT CLINIC	204	337	\$ 21,274.05	\$ 63.13	.170	\$ 104.28	\$ 10.73
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	1	2	395.10	197.55	.001	395.10	.20
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	204	335	20,878.95	62.33	.169	102.35	10.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,756

1,982 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	211	9,337	\$ 48,061.71	\$ 5.15	4.711	\$ 227.78	\$ 24.25
DURABLE MED. EQUIP.	25	73	24,547.50	336.27	.037	981.90	12.39
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	12	19	8,491.58	446.93	.010	707.63	4.28
MEDICAL TRANSPORTATION	50	1,616	5,626.40	3.48	.815	112.53	2.84
AMBULANCES/AIR TRANS	5	37	736.11	19.89	.019	147.22	.37
OTHER TRANS	18	841	1,779.19	2.12	.424	98.84	.90
OTHER SERVICES	28	738	3,111.10	4.22	.372	111.11	1.57
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	31	72	1,070.44	14.87	.036	34.53	.54
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	10	19	15.18	.80	.010	1.52	.01
PROSTHETIST/ORTHOTISTS	1	2	72.38	36.19	.001	72.38	.04
PROSTHETICS	1	2	72.38	36.19	.001	72.38	.04
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	8	972.77	121.60	.004	194.55	.49
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	88	7,528	7,265.46	.97	3.798	82.56	3.67
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	630	10,676	\$ 79,445.54	\$ 7.44	5.386	\$ 126.10	\$ 40.08

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
MOP024 FEE-FOR-SERVICE/DENTAL  
COLUSA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

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02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3	7	\$ 1,124.84	\$ 160.69	3.500	\$ 374.95	\$ 562.42
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	1	3	\$	262.16	\$ 87.39	1.500	\$ 262.16	\$ 131.08
PRESCRIPTION DRUGS	1	3		262.16	87.39	1.500	262.16	131.08
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	1	3		262.16	87.39	1.500	262.16	131.08
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

PAGE 1,758  
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02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	1	2	\$ 812.00	\$ 406.00	1.000	\$ 812.00	\$ 406.00
HOSP INPATIENT TOTAL	1	2	812.00	406.00	1.000	812.00	406.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	2	812.00	406.00	1.000	812.00	406.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
COLUSA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND						

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02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	2	\$ 812.00	\$ 406.00	1.000	\$ 812.00	\$ 406.00
COMM HOSP INPATIENT TOTAL	1	2	812.00	406.00	1.000	812.00	406.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	2	812.00	406.00	1.000	812.00	406.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	2	\$	50.68	\$ 25.34	1.000	\$ 50.68	\$ 25.34
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	2		50.68	25.34	1.000	50.68	25.34

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COLUSA COUNTY      SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	1	0	\$ 812.00	\$ .00	.000	\$ 812.00	\$ 406.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,761
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED	

777 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	680	37,759	\$ 750,550.04	\$ 19.88	48.596	\$ 1103.75	\$ 965.96
@PHYSICIANS SERVICES	145	989	\$ 18,896.50	\$ 19.11	1.273	\$ 130.32	\$ 24.32
OUTPATIENT VISITS	20	28	1,159.56	41.41	.036	57.98	1.49
OFFICE VISITS	11	14	544.12	38.87	.018	49.47	.70
HOME VISITS	1	1	34.30	34.30	.001	34.30	.04
EMERGENCY ROOM	5	7	396.86	56.69	.009	79.37	.51

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	6	184.28	30.71	.008	36.86	.24
INPATIENT VISITS	6	74	3,373.54	45.59	.095	562.26	4.34
HOSPITAL VISITS	6	74	3,373.54	45.59	.095	562.26	4.34
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	66.87	33.44	.003	33.44	.09
EXAMINATIONS	2	2	66.87	33.44	.003	33.44	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	49	2,303.78	47.02	.063	575.95	2.96
PRINCIPAL SURGEON	4	9	1,585.62	176.18	.012	396.41	2.04
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	40	718.16	17.95	.051	359.08	.92
OUTPATIENT SURGERY	10	49	3,178.33	64.86	.063	317.83	4.09
PRINCIPAL SURGEON	6	12	2,406.64	200.55	.015	401.11	3.10
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	37	771.69	20.86	.048	192.92	.99
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	229	429.92	1.88	.295	214.96	.55
RADIOLOGY	10	82	2,414.05	29.44	.106	241.41	3.11
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	116	476	5,970.45	12.54	.613	51.47	7.68
@PHARMACY	493	3,532	\$ 203,469.94	\$ 57.61	4.546	\$ 412.72	\$ 261.87
PRESCRIPTION DRUGS	489	1,972	201,812.93	102.34	2.538	412.71	259.73
SNF/ICF	67	337	17,888.70	53.08	.434	267.00	23.02
OUTPATIENTS	423	1,635	183,924.23	112.49	2.104	434.81	236.71
MEDICAL SUPPLIES	20	1,560	1,657.01	1.06	2.008	82.85	2.13
@DENTIST	30	159	\$ 5,070.00	\$ 31.89	.205	\$ 169.00	\$ 6.53
VISITS - DIAGNOSTIC	22	107	1,188.00	11.10	.138	54.00	1.53
ORAL SURGERY	6	15	725.00	48.33	.019	120.83	.93
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.13
PERIODONTICS	3	6	600.00	100.00	.008	200.00	.77
ENDODONTICS	1	1	.00	.00	.001	.00	.00
RESTORATIVE DENTISTRY	7	16	1,031.00	64.44	.021	147.29	1.33
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	5	13	1,426.00	109.69	.017	285.20	1.84
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

PAGE 1,762 01/29/04

777 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	14	31	\$ 634.53	\$ 20.47	.040	\$ 45.32	\$ .82
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.004	47.45	.18
EYE APPLIANCES	11	26	436.72	16.80	.033	39.70	.56
OTHER OPTOMETRIC SERVICES	1	2	55.46	27.73	.003	55.46	.07
@CHIROPRACTOR	3	5	\$ 63.46	\$ 12.69	.006	\$ 21.15	\$ .08
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	5	63.46	12.69	.006	21.15	.08
@PODIATRIST	12	22	\$ 167.59	\$ 7.62	.028	\$ 13.97	\$ .22
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.000	.00	.00
OTHER	12	22		167.59		.028	13.97	.22
@HOME HEALTH AGENCY	6	19	\$	1,410.30	\$	.024	235.05	1.82
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	.00	.00
@TOTAL HOSPITAL	159	1,269	\$	167,254.12	\$	1.633	1051.91	215.26
HOSP INPATIENT TOTAL	18	170		152,245.00		.219	8458.06	195.94
HSC HOSPITALS	3	73		85,282.00		.094	28427.33	109.76
NON-HSC HOSPITAL TOTAL	6	40		59,773.25		.051	9962.21	76.93
ACCOMMODATIONS	6	40		18,791.88		.051	3131.98	24.19
ADMINISTRATIVE DAYS	1	21		4,857.30		.027	4857.30	6.25
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	5	19		13,934.58		.024	2786.92	17.93
ANCILLARIES	6	0		40,981.37		.000	6830.23	52.74
INPATIENT CROSSOVERS	10	57		7,189.75		.073	718.98	9.25
ALL OTHER INPATIENT	0	0		.00		.000	.00	.00
HOSP OUTPATIENT TOTAL	151	1,099		15,009.12		1.414	99.40	19.32
MEDICAL	16	35		2,529.13		.045	158.07	3.25
SURGERY	5	5		378.66		.006	75.73	.49
PATHOLOGY	22	152		1,475.97		.196	67.09	1.90
RADIOLOGY	17	37		2,150.73		.048	126.51	2.77
ROOM USE	28	47		2,246.02		.060	80.22	2.89
CROSSOVERS/ALL OTH OUTPTNT	122	823		6,228.61		1.059	51.05	8.02
@COUNTY HOSPITAL TOTAL	1	37	\$	41,872.37	\$	.048	41872.37	53.89
CO HOSPITAL INPATIENT TOTAL	1	37		41,872.37		.048	41872.37	53.89
HSC HOSPITALS	1	16		21,632.00		.021	21632.00	27.84
NON-HSC HOSPITALS TOTAL	1	21		20,240.37		.027	20240.37	26.05
ACCOMMODATIONS	1	21		4,857.30		.027	4857.30	6.25
ADMINISTRATIVE DAYS	1	21		4,857.30		.027	4857.30	6.25
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.000	.00	.00
ANCILLARIES	1	0		15,383.07		.000	15383.07	19.80
INPATIENT CROSSOVERS	0	0		.00		.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.000	.00	.00
MEDICAL	0	0		.00		.000	.00	.00
SURGERY	0	0		.00		.000	.00	.00
PATHOLOGY	0	0		.00		.000	.00	.00
RADIOLOGY	0	0		.00		.000	.00	.00
ROOM USE	0	0		.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.000	.00	.00

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MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - DISABLED

	777 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	159	1,232	\$	125,381.75	\$ 101.77	1.586	\$ 788.56	\$ 161.37
COMM HOSP INPATIENT TOTAL	17	133		110,372.63	829.87	.171	6492.51	142.05
HSC HOSPITALS	2	57		63,650.00	1116.67	.073	31825.00	81.92
NON-HSC HOSPITALS TOTAL	5	19		39,532.88	2080.68	.024	7906.58	50.88
ACCOMMODATIONS	5	19		13,934.58	733.40	.024	2786.92	17.93
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	19		13,934.58	733.40	.024	2786.92	17.93
ANCILLARIES	5	0		25,598.30	.00	.000	5119.66	32.95
INPATIENT CROSSOVERS	10	57		7,189.75	126.14	.073	718.98	9.25
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	151	1,099		15,009.12		13.66	1.414	99.40	19.32
MEDICAL	16	35		2,529.13		72.26	.045	158.07	3.25
SURGERY	5	5		378.66		75.73	.006	75.73	.49
PATHOLOGY	22	152		1,475.97		9.71	.196	67.09	1.90
RADIOLOGY	17	37		2,150.73		58.13	.048	126.51	2.77
ROOM USE	28	47		2,246.02		47.79	.060	80.22	2.89
CROSSOVERS/ALL OTH OUTPTNT	122	823		6,228.61		7.57	1.059	51.05	8.02
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	63	1,891	\$	191,288.71	\$	101.16	2.434	3036.33	246.19
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	63	1,891		191,288.71		101.16	2.434	3036.33	246.19
@INTERMEDIATE CARE FACIL.-DD	10	399	\$	67,942.75	\$	170.28	.514	6794.28	87.44
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	1	22		2,834.92		128.86	.028	2834.92	3.65
ICF DDN/DDCN	9	377		65,107.83		172.70	.485	7234.20	83.79
@HEMODIALYSIS TOTAL	9	10	\$	3,873.57	\$	387.36	.013	430.40	4.99
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	9	10		3,873.57		387.36	.013	430.40	4.99
@REHABILITATION FACILITY	4	66	\$	1,351.70	\$	20.48	.085	337.93	1.74
HOSPITAL BASED	4	66		1,351.70		20.48	.085	337.93	1.74
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	11	36	\$	817.56	\$	22.71	.046	74.32	1.05
PATHOLOGY	7	31		790.37		25.50	.040	112.91	1.02
XO AND OTHERS	4	5		27.19		5.44	.006	6.80	.03
@ORGANIZED OUTPATIENT CLINIC	117	213	\$	12,137.92	\$	56.99	.274	103.74	15.62
CLINIC	3	4		386.52		96.63	.005	128.84	.50
SURGICENTER	1	6		231.21		38.54	.008	231.21	.30
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	114	203		11,520.19		56.75	.261	101.05	14.83
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				----- MONTHLY AVERAGE -----				
777 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	152	29,118	\$ 76,171.39	\$ 2.62	37.475	\$ 501.13	\$ 98.03	
DURABLE MED. EQUIP.	10	68	41,223.29	606.22	.088	4122.33	53.05	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	2	4	1,599.25	399.81	.005	799.63	2.06	
MEDICAL TRANSPORTATION	24	1,100	19,758.25	17.96	1.416	823.26	25.43	
AMBULANCES/AIR TRANS	12	474	8,529.57	17.99	.610	710.80	10.98	
OTHER TRANS	1	72	126.30	1.75	.093	126.30	.16	
OTHER SERVICES	15	554	11,102.38	20.04	.713	740.16	14.29	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	14	30	348.86	11.63	.039	24.92	.45	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	5	7	6.65	.95	.009	1.33	.01	
PROSTHETIST/ORTHOTISTS	1	1	96.50	96.50	.001	96.50	.12	
PROSTHETICS	1	1	96.50	96.50	.001	96.50	.12	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	13	48	1,744.39	36.34	.062	134.18	2.25
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	73	821.98	11.26	.094	205.50	1.06
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	96	27,787	10,572.22	.38	35.762	110.13	13.61
@CALIF. CHILDREN SERVICES*	2	420	\$ 216.61	\$ .52	.541	\$ 108.31	\$ .28
@XOVER EXCLUDING STATE HOSP**	246	2,332	\$ 38,026.69	\$ 16.31	3.001	\$ 154.58	\$ 48.94

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
MOP024      FEE-FOR-SERVICE/DENTAL

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## COLUSA COUNTY

## SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

29,697 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	12,508	65,048	\$ 3,853,941.12	\$ 59.25	2.190	\$ 308.12	\$ 129.78
@PHYSICIANS SERVICES	3,172	8,522	\$ 463,959.39	\$ 54.44	.287	\$ 146.27	\$ 15.62
OUTPATIENT VISITS	2,182	3,023	109,399.77	36.19	.102	50.14	3.68
OFFICE VISITS	1,717	2,350	70,091.49	29.83	.079	40.82	2.36
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	355	444	22,826.53	51.41	.015	64.30	.77
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	117	156	14,360.88	92.06	.005	122.74	.48
OTHER OUTPATIENT	63	73	2,120.87	29.05	.002	33.66	.07
INPATIENT VISITS	241	1,143	80,021.05	70.01	.038	332.04	2.69
HOSPITAL VISITS	234	831	36,402.95	43.81	.028	155.57	1.23
CRITICAL CARE	27	312	43,618.10	139.80	.011	1615.49	1.47
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	76	95	4,506.35	47.44	.003	59.29	.15
EXAMINATIONS	76	95	4,506.35	47.44	.003	59.29	.15
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	199	701	147,223.60	210.02	.024	739.82	4.96
PRINCIPAL SURGEON	153	189	131,206.51	694.21	.006	857.56	4.42
ASSISTANT SURGEON	29	29	5,210.72	179.68	.001	179.68	.18
ANESTHESIOLOGIST	45	483	10,806.37	22.37	.016	240.14	.36
OUTPATIENT SURGERY	345	832	55,290.85	66.46	.028	160.26	1.86
PRINCIPAL SURGEON	272	383	42,588.78	111.20	.013	156.58	1.43
ASSISTANT SURGEON	12	12	1,547.14	128.93	.000	128.93	.05
ANESTHESIOLOGIST	79	437	11,154.93	25.53	.015	141.20	.38
DIALYSIS	3	14	528.08	37.72	.000	176.03	.02
PATHOLOGY	481	740	6,100.10	8.24	.025	12.68	.21
RADIOLOGY	312	713	29,775.38	41.76	.024	95.43	1.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	59	249	2,729.69	10.96	.008	46.27	.09
OTHER SERVICES/ALL X-OVERS	400	1,012	28,384.52	28.05	.034	70.96	.96
@PHARMACY	6,330	17,922	\$ 669,756.97	\$ 37.37	.603	\$ 105.81	\$ 22.55
PRESCRIPTION DRUGS	6,256	13,463	653,247.09	48.52	.453	104.42	22.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	6,256	13,463	653,247.09	48.52	.453	104.42	22.00
MEDICAL SUPPLIES	175	4,459	16,509.88	3.70	.150	94.34	.56
@DENTIST	793	3,694	\$ 137,832.50	\$ 37.31	.124	\$ 173.81	\$ 4.64
VISITS - DIAGNOSTIC	467	2,197	30,239.25	13.76	.074	64.75	1.02
ORAL SURGERY	98	190	10,619.00	55.89	.006	108.36	.36
DRUGS	19	19	430.00	22.63	.001	22.63	.01
ANESTHESIA	7	7	700.00	100.00	.000	100.00	.02
PERIODONTICS	24	24	3,765.00	156.88	.001	156.88	.13
ENDODONTICS	68	134	15,492.00	115.61	.005	227.82	.52
RESTORATIVE DENTISTRY	318	972	61,977.25	63.76	.033	194.90	2.09
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	7	14	2,133.00	152.36	.000	304.71	.07
SPACE MAINTAINERS	4	5	360.00	72.00	.000	90.00	.01
MAXILLOFACIAL SERVICES	5	5	242.00	48.40	.000	48.40	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	97	118	11,470.00	97.20	.004	118.25	.39
ALL OTHER SERVICES	13	8	375.00	46.88	.000	28.85	.01

#CALIF DEPT OF HEALTH SERV  
MOP024  
COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

PAGE 1,766  
01/29/04

29,697 ELIGIBLES

USERS

UNITS OF SERVICE  
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST  
PER UNIT/DAY

----- MONTHLY AVERAGE -----  
UNITS/DAYS COST PER  
PER ELIG USER

COST PER  
ELIGIBLE

@OPTOMETRIST	205	539	\$	12,819.52	\$	23.78	.018	\$	62.53	\$	.43
DIAGNOSTIC AND ANC. PROCED	146	148		6,753.13		45.63	.005		46.25		.23
EYE APPLIANCES	142	387		5,967.15		15.42	.013		42.02		.20
OTHER OPTOMETRIC SERVICES	4	4		99.24		24.81	.000		24.81		.00
@CHIROPRACTOR	10	18	\$	288.42	\$	16.02	.001	\$	28.84	\$	.01
VISITS	10	18		288.42		16.02	.001		28.84		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	10	20	\$	300.09	\$	15.00	.001	\$	30.01	\$	.01
MEDICINE/INJECTIONS	6	7		181.35		25.91	.000		30.23		.01
SURGERY/ANES.	1	2		47.02		23.51	.000		47.02		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	3	11		71.72		6.52	.000		23.91		.00
@HOME HEALTH AGENCY	99	133	\$	7,641.05	\$	57.45	.004	\$	77.18	\$	.26
NURSE ANESTHESIST	73	339	\$	7,474.00	\$	22.05	.011	\$	102.38	\$	.25
NURSE MIDWIFE	2	2	\$	604.76	\$	302.38	.000	\$	302.38	\$	.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	4	10	\$	171.96	\$	17.20	.000	\$	42.99	\$	.01
@TOTAL HOSPITAL	2,824	11,067	\$	1,803,300.60	\$	162.94	.373	\$	638.56	\$	60.72
HOSP INPATIENT TOTAL	229	1,114		1,542,799.17		1384.92	.038		6737.11		51.95
HSC HOSPITALS	36	418		584,122.03		1397.42	.014		16225.61		19.67
NON-HSC HOSPITAL TOTAL	193	690		956,997.14		1386.95	.023		4958.53		32.23
ACCOMMODATIONS	193	690		231,370.48		335.32	.023		1198.81		7.79
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	193	690		231,370.48		335.32	.023		1198.81		7.79
ANCILLARIES	193	0		725,626.66		.00	.000		3759.72		24.43
INPATIENT CROSSOVERS	2	6		1,680.00		280.00	.000		840.00		.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,702	9,953		260,501.43		26.17	.335		96.41		8.77
MEDICAL	355	507		19,771.40		39.00	.017		55.69		.67
SURGERY	188	204		10,081.21		49.42	.007		53.62		.34
PATHOLOGY	1,553	4,118		43,527.70		10.57	.139		28.03		1.47
RADIOLOGY	930	1,465		74,322.67		50.73	.049		79.92		2.50
ROOM USE	1,463	1,873		83,318.68		44.48	.063		56.95		2.81
CROSSOVERS/ALL OTH OUTPTNT	938	1,786		29,479.77		16.51	.060		31.43		.99
@COUNTY HOSPITAL TOTAL	10	59	\$	25,658.48	\$	434.89	.002	\$	2565.85	\$	.86
CO HOSPITAL INPATIENT TOTAL	2	22		24,200.03		1100.00	.001		12100.02		.81
HSC HOSPITALS	2	22		24,200.03		1100.00	.001		12100.02		.81
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	9	37		1,458.45		39.42	.001		162.05		.05
MEDICAL	1	1		64.00		64.00	.000		64.00		.00
SURGERY	3	5		127.95		25.59	.000		42.65		.00
PATHOLOGY	3	9		190.62		21.18	.000		63.54		.01
RADIOLOGY	1	1		143.29		143.29	.000		143.29		.00
ROOM USE	6	11		380.92		34.63	.000		63.49		.01
CROSSOVERS/ALL OTH OUTPTNT	7	10		551.67		55.17	.000		78.81		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 1,767
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES										

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
29,697 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	2,815	11,008	\$ 1,777,642.12	\$ 161.49	.371	\$ 631.49	\$ 59.86

----- MONTHLY AVERAGE -----

COMM HOSP INPATIENT TOTAL	228	1,092	1,518,599.14	1390.66	.037	6660.52	51.14
HSC HOSPITALS	34	396	559,922.00	1413.94	.013	16468.29	18.85
NON-HSC HOSPITALS TOTAL	193	690	956,997.14	1386.95	.023	4958.53	32.23
ACCOMMODATIONS	193	690	231,370.48	335.32	.023	1198.81	7.79
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	193	690	231,370.48	335.32	.023	1198.81	7.79
ANCILLARIES	193	0	725,626.66	.00	.000	3759.72	24.43
INPATIENT CROSSOVERS	2	6	1,680.00	280.00	.000	840.00	.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,693	9,916	259,042.98	26.12	.334	96.19	8.72
MEDICAL	354	506	19,707.40	38.95	.017	55.67	.66
SURGERY	185	199	9,953.26	50.02	.007	53.80	.34
PATHOLOGY	1,550	4,109	43,337.08	10.55	.138	27.96	1.46
RADIOLOGY	929	1,464	74,179.38	50.67	.049	79.85	2.50
ROOM USE	1,457	1,862	82,937.76	44.54	.063	56.92	2.79
CROSSOVERS/ALL OTH OUTPTNT	931	1,776	28,928.10	16.29	.060	31.07	.97
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	14	303	12,120.47	40.00	.010	865.75	.41
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	14	303	12,120.47	40.00	.010	865.75	.41
@REHABILITATION FACILITY	5	21	773.21	36.82	.001	154.64	.03
HOSPITAL BASED	4	10	597.44	59.74	.000	149.36	.02
INDEPENDENT FACILITY	1	11	175.77	15.98	.000	175.77	.01
@LABORATORY FACILITY	1,020	3,255	50,917.20	15.64	.110	49.92	1.71
PATHOLOGY	1,020	3,255	50,917.20	15.64	.110	49.92	1.71
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4,430	7,044	571,955.11	81.20	.237	129.11	19.26
CLINIC	99	277	10,189.54	36.79	.009	102.92	.34
SURGICENTER	30	194	7,091.38	36.55	.007	236.38	.24
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4,319	6,573	554,674.19	84.39	.221	128.43	18.68

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

PAGE 1,768 01/29/04

	29,697 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
					AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	950	12,159	\$	114,025.87	\$ 9.38	.409	\$ 120.03	\$ 3.84
DURABLE MED. EQUIP.	43	57		10,847.82	190.31	.002	252.27	.37
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		25.00	25.00	.000	25.00	.00
MEDICAL TRANSPORTATION	148	7,845		58,197.05	7.42	.264	393.22	1.96
AMBULANCES/AIR TRANS	142	2,647		29,681.67	11.21	.089	209.03	1.00
OTHER TRANS	4	5,093		9,106.42	1.79	.171	2276.61	.31
OTHER SERVICES	12	105		19,408.96	184.85	.004	1617.41	.65
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	43	43	4,412.50	102.62	.001	102.62	.15
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	199	418	4,175.95	9.99	.014	20.98	.14
PHYSICAL THERAPIST	1	1	34.84	34.84	.000	34.84	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	17	30	1,708.19	56.94	.001	100.48	.06
PROSTHETICS	16	29	1,611.69	55.58	.001	100.73	.05
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	13	23	939.39	40.84	.001	72.26	.03
HOSPICE SERVICES	1	34	4,159.22	122.33	.001	4159.22	.14
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	482	2,707	27,935.01	10.32	.091	57.96	.94
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	1,000	1,590.90	1.59	.034	176.77	.05
@CALIF. CHILDREN SERVICES*	119	1,424	\$ 445,030.64	\$ 312.52	.048	\$ 3739.75	\$ 14.99
@XOVER EXCLUDING STATE HOSP**	55	1,071	\$ 13,930.73	\$ 13.01	.036	\$ 253.29	\$ .47

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,769
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL	

	32,458 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	14,887	139,641	\$	6,566,619.70	\$ 47.03	4.302	\$ 441.10	\$ 202.31
@PHYSICIANS SERVICES	3,650	10,389	\$	504,471.41	\$ 48.56	.320	\$ 138.21	\$ 15.54
OUTPATIENT VISITS	2,244	3,109		112,729.80	36.26	.096	50.24	3.47
OFFICE VISITS	1,765	2,414		72,310.94	29.95	.074	40.97	2.23
HOME VISITS	1	1		34.30	34.30	.000	34.30	.00
EMERGENCY ROOM	365	456		23,684.33	51.94	.014	64.89	.73
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	117	156		14,360.88	92.06	.005	122.74	.44
OTHER OUTPATIENT	70	82		2,339.35	28.53	.003	33.42	.07
INPATIENT VISITS	256	1,244		84,695.37	68.08	.038	330.84	2.61
HOSPITAL VISITS	249	932		41,077.27	44.07	.029	164.97	1.27
CRITICAL CARE	27	312		43,618.10	139.80	.010	1615.49	1.34
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	82	102		4,831.42	47.37	.003	58.92	.15
EXAMINATIONS	82	102		4,831.42	47.37	.003	58.92	.15
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	204	751		149,746.42	199.40	.023	734.05	4.61
PRINCIPAL SURGEON	158	199		133,011.17	668.40	.006	841.84	4.10
ASSISTANT SURGEON	29	29		5,210.72	179.68	.001	179.68	.16
ANESTHESIOLOGIST	47	523		11,524.53	22.04	.016	245.20	.36
OUTPATIENT SURGERY	362	895		60,372.86	67.46	.028	166.78	1.86
PRINCIPAL SURGEON	284	403		46,777.07	116.07	.012	164.71	1.44
ASSISTANT SURGEON	12	12		1,547.14	128.93	.000	128.93	.05
ANESTHESIOLOGIST	84	480		12,048.65	25.10	.015	143.44	.37
DIALYSIS	8	24		1,728.24	72.01	.001	216.03	.05
PATHOLOGY	490	994		6,608.20	6.65	.031	13.49	.20
RADIOLOGY	333	816		33,349.10	40.87	.025	100.15	1.03
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	60	251		2,764.19	11.01	.008	46.07	.09
OTHER SERVICES/ALL X-OVERS	808	2,203		47,645.81	21.63	.068	58.97	1.47

@PHARMACY	8,208	31,837	\$	1,303,074.90	\$	40.93	.981	\$	158.76	\$	40.15
PRESCRIPTION DRUGS	8,117	21,981		1,279,045.35		58.19	.677		157.58		39.41
SNF/ICF	521	3,559		195,828.57		55.02	.110		375.87		6.03
OUTPATIENTS	7,601	18,422		1,083,216.78		58.80	.568		142.51		33.37
MEDICAL SUPPLIES	260	9,856		24,029.55		2.44	.304		92.42		.74
@DENTIST	890	4,085	\$	159,635.50	\$	39.08	.126	\$	179.37	\$	4.92
VISITS - DIAGNOSTIC	536	2,402		33,154.25		13.80	.074		61.85		1.02
ORAL SURGERY	119	283		14,828.00		52.40	.009		124.61		.46
DRUGS	19	19		430.00		22.63	.001		22.63		.01
ANESTHESIA	9	9		900.00		100.00	.000		100.00		.03
PERIODONTICS	27	30		4,365.00		145.50	.001		161.67		.13
ENDODONTICS	69	135		15,492.00		114.76	.004		224.52		.48
RESTORATIVE DENTISTRY	330	998		63,443.25		63.57	.031		192.25		1.95
PROSTHETICS	2	2		60.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	30	69		14,516.00		210.38	.002		483.87		.45
SPACE MAINTAINERS	4	5		360.00		72.00	.000		90.00		.01

MAXILLOFACIAL SERVICES	5	5	242.00	48.40	.000	48.40	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	97	118	11,470.00	97.20	.004	118.25	.35
ALL OTHER SERVICES	14	10	375.00	37.50	.000	26.79	.01

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,770  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDED - TOTAL

32,458 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	238	626	\$ 14,435.51	\$ 23.06	.019	\$ 60.65	\$ .44
DIAGNOSTIC AND ANC. PROCED	150	152	6,942.93	45.68	.005	46.29	.21
EYE APPLIANCES	168	456	7,137.89	15.65	.014	42.49	.22
OTHER OPTOMETRIC SERVICES	10	18	354.69	19.71	.001	35.47	.01
@CHIROPRACTOR	13	23	\$ 351.88	\$ 15.30	.001	\$ 27.07	\$ .01
VISITS	10	18	288.42	16.02	.001	28.84	.01
OTHER SERVICES	3	5	63.46	12.69	.000	21.15	.00
@PODIATRIST	84	152	\$ 1,243.25	\$ 8.18	.005	\$ 14.80	\$ .04
MEDICINE/INJECTIONS	6	7	181.35	25.91	.000	30.23	.01
SURGERY/ANES.	1	2	47.02	23.51	.000	47.02	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	77	143	1,014.88	7.10	.004	13.18	.03
@HOME HEALTH AGENCY	106	154	\$ 9,059.60	\$ 58.83	.005	\$ 85.47	\$ .28
NURSE ANESTHESIST	77	368	\$ 7,623.49	\$ 20.72	.011	\$ 99.01	\$ .23
NURSE MIDWIFE	2	2	\$ 604.76	\$ 302.38	.000	\$ 302.38	\$ .02
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	4	10	\$ 171.96	\$ 17.20	.000	\$ 42.99	\$ .01
@TOTAL HOSPITAL	3,276	13,635	\$ 2,041,741.26	\$ 149.74	.420	\$ 623.24	\$ 62.90
HOSP INPATIENT TOTAL	276	1,365	1,746,232.25	1279.29	.042	6326.93	53.80
HSC HOSPITALS	40	494	672,644.03	1361.63	.015	16816.10	20.72
NON-HSC HOSPITAL TOTAL	205	749	1,051,477.52	1403.84	.023	5129.16	32.40
ACCOMMODATIONS	205	749	260,883.25	348.31	.023	1272.60	8.04
ADMINISTRATIVE DAYS	1	21	4,857.30	231.30	.001	4857.30	.15
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	204	728	256,025.95	351.68	.022	1255.03	7.89
ANCILLARIES	205	0	790,594.27	.00	.000	3856.56	24.36
INPATIENT CROSSOVERS	34	122	22,110.70	181.24	.004	650.31	.68
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,134	12,270	295,509.01	24.08	.378	94.29	9.10
MEDICAL	381	563	22,828.63	40.55	.017	59.92	.70
SURGERY	198	214	10,715.58	50.07	.007	54.12	.33
PATHOLOGY	1,596	4,364	46,069.94	10.56	.134	28.87	1.42
RADIOLOGY	961	1,519	77,037.90	50.72	.047	80.16	2.37
ROOM USE	1,505	1,941	86,834.33	44.74	.060	57.70	2.68
CROSSOVERS/ALL OTH OUTPTNT	1,317	3,669	52,022.63	14.18	.113	39.50	1.60
@COUNTY HOSPITAL TOTAL	11	96	\$ 67,530.85	\$ 703.45	.003	\$ 6139.17	\$ 2.08
CO HOSPITAL INPATIENT TOTAL	3	59	66,072.40	1119.87	.002	22024.13	2.04
HSC HOSPITALS	3	38	45,832.03	1206.11	.001	15277.34	1.41
NON-HSC HOSPITALS TOTAL	1	21	20,240.37	963.83	.001	20240.37	.62
ACCOMMODATIONS	1	21	4,857.30	231.30	.001	4857.30	.15
ADMINISTRATIVE DAYS	1	21	4,857.30	231.30	.001	4857.30	.15
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	15,383.07	.00	.000	15383.07	.47
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	37	1,458.45	39.42	.001	162.05	.04
MEDICAL	1	1	64.00	64.00	.000	64.00	.00
SURGERY	3	5	127.95	25.59	.000	42.65	.00
PATHOLOGY	3	9	190.62	21.18	.000	63.54	.01

RADIOLOGY	1	1	143.29	143.29	.000	143.29	.00
ROOM USE	6	11	380.92	34.63	.000	63.49	.01
CROSSOVERS/ALL OTH OUTPTNT	7	10	551.67	55.17	.000	78.81	.02

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,771  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
32,458 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	3,267	13,539	\$ 1,974,210.41	\$ 145.82	.417	\$ 604.29	\$ 60.82
COMM HOSP INPATIENT TOTAL	274	1,306	1,680,159.85	1286.49	.040	6131.97	51.76
HSC HOSPITALS	37	456	626,812.00	1374.59	.014	16940.86	19.31
NON-HSC HOSPITALS TOTAL	204	728	1,031,237.15	1416.53	.022	5055.08	31.77
ACCOMMODATIONS	204	728	256,025.95	351.68	.022	1255.03	7.89
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	204	728	256,025.95	351.68	.022	1255.03	7.89
ANCILLARIES	204	0	775,211.20	.00	.000	3800.05	23.88
INPATIENT CROSSOVERS	34	122	22,110.70	181.24	.004	650.31	.68
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,125	12,233	294,050.56	24.04	.377	94.10	9.06
MEDICAL	380	562	22,764.63	40.51	.017	59.91	.70
SURGERY	195	209	10,587.63	50.66	.006	54.30	.33
PATHOLOGY	1,593	4,355	45,879.32	10.53	.134	28.80	1.41
RADIOLOGY	960	1,518	76,894.61	50.66	.047	80.10	2.37
ROOM USE	1,499	1,930	86,453.41	44.79	.059	57.67	2.66
CROSSOVERS/ALL OTH OUTPTNT	1,310	3,659	51,470.96	14.07	.113	39.29	1.59
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	523	15,682	\$ 1,531,367.21	\$ 97.65	.483	\$ 2928.04	\$ 47.18
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	32	1,064	113,999.07	107.14	.033	3562.47	3.51
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	491	14,618	1,417,368.14	96.96	.450	2886.70	43.67
@INTERMEDIATE CARE FACIL.-DD	10	399	\$ 67,942.75	\$ 170.28	.012	\$ 6794.28	\$ 2.09
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	1	22	2,834.92	128.86	.001	2834.92	.09
ICF DDN/DDCN	9	377	65,107.83	172.70	.012	7234.20	2.01
@HEMODIALYSIS TOTAL	41	562	\$ 25,508.74	\$ 45.39	.017	\$ 622.16	\$ .79
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	41	562	25,508.74	45.39	.017	622.16	.79
@REHABILITATION FACILITY	9	87	\$ 2,124.91	\$ 24.42	.003	\$ 236.10	\$ .07
HOSPITAL BASED	8	76	1,949.14	25.65	.002	243.64	.06
INDEPENDENT FACILITY	1	11	175.77	15.98	.000	175.77	.01
@LABORATORY FACILITY	1,059	3,420	\$ 53,585.84	\$ 15.67	.105	\$ 50.60	\$ 1.65
PATHOLOGY	1,052	3,410	53,508.41	15.69	.105	50.86	1.65
XO AND OTHERS	7	10	77.43	7.74	.000	11.06	.00
@ORGANIZED OUTPATIENT CLINIC	4,752	7,596	\$ 605,417.76	\$ 79.70	.234	\$ 127.40	\$ 18.65
CLINIC	102	281	10,576.06	37.64	.009	103.69	.33
SURGICENTER	32	202	7,717.69	38.21	.006	241.18	.24
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4,638	7,113	587,124.01	82.54	.219	126.59	18.09

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,772  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE UNITS/DAYS	COST PER	COST PER
32,458 ELIGIBLES							

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,313	50,614	\$	238,258.97	\$ 4.71	1.559	\$ 181.46	\$ 7.34
DURABLE MED. EQUIP.	78	198		76,618.61	386.96	.006	982.29	2.36
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	15	24		10,115.83	421.49	.001	674.39	.31
MEDICAL TRANSPORTATION	222	10,561		83,581.70	7.91	.325	376.49	2.58
AMBULANCES/AIR TRANS	159	3,158		38,947.35	12.33	.097	244.95	1.20
OTHER TRANS	23	6,006		11,011.91	1.83	.185	478.78	.34
OTHER SERVICES	55	1,397		33,622.44	24.07	.043	611.32	1.04
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	43	43		4,412.50	102.62	.001	102.62	.14
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	244	520		5,595.25	10.76	.016	22.93	.17
PHYSICAL THERAPIST	1	1		34.84	34.84	.000	34.84	.00
PORTABLE X-RAY	15	26		21.83	.84	.001	1.46	.00
PROSTHETIST/ORTHOTISTS	19	33		1,877.07	56.88	.001	98.79	.06
PROSTHETICS	18	32		1,780.57	55.64	.001	98.92	.05
ORTHOTICS	1	1		96.50	96.50	.000	96.50	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	31	79		3,656.55	46.29	.002	117.95	.11
HOSPICE SERVICES	1	34		4,159.22	122.33	.001	4159.22	.13
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	486	2,780		28,756.99	10.34	.086	59.17	.89
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	193	36,315		19,428.58	.54	1.119	100.67	.60
@CALIF. CHILDREN SERVICES*	121	1,844	\$	445,247.25	\$ 241.46	.057	\$ 3679.73	\$ 13.72
@XOVER EXCLUDING STATE HOSP**	932	14,079	\$	132,214.96	\$ 9.39	.434	\$ 141.86	\$ 4.07

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,773
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W	

930 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	452	1,572	\$ 84,650.29	\$ 53.85	1.690	\$ 187.28	\$ 91.02
@PHYSICIANS SERVICES	147	278	\$ 11,810.55	\$ 42.48	.299	\$ 80.34	\$ 12.70
OUTPATIENT VISITS	120	173	5,743.30	33.20	.186	47.86	6.18
OFFICE VISITS	94	131	3,713.09	28.34	.141	39.50	3.99
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	22	23	1,215.80	52.86	.025	55.26	1.31
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	7	19	814.41	42.86	.020	116.34	.88
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	22	870.05	39.55	.024	124.29	.94
HOSPITAL VISITS	7	22	870.05	39.55	.024	124.29	.94
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	15	2,802.30	186.82	.016	560.46	3.01
PRINCIPAL SURGEON	2	2	2,177.18	1088.59	.002	1088.59	2.34
ASSISTANT SURGEON	2	2	262.45	131.23	.002	131.23	.28
ANESTHESIOLOGIST	2	11	362.67	32.97	.012	181.34	.39

OUTPATIENT SURGERY	11	24		1,459.63		60.82	.026	132.69		1.57
PRINCIPAL SURGEON	9	10		1,136.83		113.68	.011	126.31		1.22
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	2	14		322.80		23.06	.015	161.40		.35
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	14	15		45.50		3.03	.016	3.25		.05
RADIOLOGY	9	11		346.38		31.49	.012	38.49		.37
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	1	1		6.55		6.55	.001	6.55		.01
OTHER SERVICES/ALL X-OVERS	12	17		536.84		31.58	.018	44.74		.58
@PHARMACY	214	400	\$	16,177.59	\$	40.44	.430	75.60	\$	17.40
PRESCRIPTION DRUGS	209	385		15,988.21		41.53	.414	76.50		17.19
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	209	385		15,988.21		41.53	.414	76.50		17.19
MEDICAL SUPPLIES	11	15		189.38		12.63	.016	17.22		.20
@DENTIST	20	154	\$	7,277.00	\$	47.25	.166	363.85	\$	7.82
VISITS - DIAGNOSTIC	15	71		1,333.00		18.77	.076	88.87		1.43
ORAL SURGERY	3	9		804.00		89.33	.010	268.00		.86
DRUGS	2	2		45.00		22.50	.002	22.50		.05
ANESTHESIA	1	1		100.00		100.00	.001	100.00		.11
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	3	12		1,041.00		86.75	.013	347.00		1.12
RESTORATIVE DENTISTRY	10	55		3,764.00		68.44	.059	376.40		4.05
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	1	1		120.00		120.00	.001	120.00		.13
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	3	3		70.00		23.33	.003	23.33		.08
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,774  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR    MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

930 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	2	\$	32.08	\$ 16.04	.002	\$ 32.08	\$ .03
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	1	2		32.08	16.04	.002	32.08	.03
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	6	6	\$	314.97	\$ 52.50	.006	\$ 52.50	\$ .34
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	89	361	\$	28,193.94	\$ 78.10	.388	\$ 316.79	\$ 30.32
HOSP INPATIENT TOTAL	5	14		20,285.20	1448.94	.015	4057.04	21.81
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	5	14		20,285.20	1448.94	.015	4057.04	21.81
ACCOMMODATIONS	5	14		4,410.57	315.04	.015	882.11	4.74
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	5	14		4,410.57	315.04	.015	882.11	4.74
ANCILLARIES	5	0		15,874.63	.00	.000	3174.93	17.07
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	85	347		7,908.74	22.79	.373	93.04	8.50
MEDICAL	12	17		581.20	34.19	.018	48.43	.62
SURGERY	1	2		57.32	28.66	.002	57.32	.06
PATHOLOGY	60	147		1,654.62	11.26	.158	27.58	1.78
RADIOLOGY	27	35		1,634.49	46.70	.038	60.54	1.76
ROOM USE	61	72		2,955.88	41.05	.077	48.46	3.18
CROSSOVERS/ALL OTH OUTPTNT	47	74		1,025.23	13.85	.080	21.81	1.10
@COUNTY HOSPITAL TOTAL	2	18	\$	486.11	\$ 27.01	.019	\$ 243.06	\$ .52
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	18	486.11	27.01	.019	243.06	.52
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	2	57.32	28.66	.002	57.32	.06
PATHOLOGY	1	7	132.07	18.87	.008	132.07	.14
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	4	246.39	61.60	.004	246.39	.26
CROSSOVERS/ALL OTH OUTPTNT	2	5	50.33	10.07	.005	25.17	.05

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MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR    MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

930 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	87	343	\$ 27,707.83	\$ 80.78	.369	\$ 318.48	\$ 29.79
COMM HOSP INPATIENT TOTAL	5	14	20,285.20	1448.94	.015	4057.04	21.81
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	5	14	20,285.20	1448.94	.015	4057.04	21.81
ACCOMMODATIONS	5	14	4,410.57	315.04	.015	882.11	4.74
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	14	4,410.57	315.04	.015	882.11	4.74
ANCILLARIES	5	0	15,874.63	.00	.000	3174.93	17.07
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	83	329	7,422.63	22.56	.354	89.43	7.98
MEDICAL	12	17	581.20	34.19	.018	48.43	.62
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	59	140	1,522.55	10.88	.151	25.81	1.64
RADIOLOGY	27	35	1,634.49	46.70	.038	60.54	1.76
ROOM USE	60	68	2,709.49	39.85	.073	45.16	2.91
CROSSOVERS/ALL OTH OUTPTNT	45	69	974.90	14.13	.074	21.66	1.05
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	26	67	\$ 1,083.31	\$ 16.17	.072	\$ 41.67	\$ 1.16
PATHOLOGY	26	67	1,083.31	16.17	.072	41.67	1.16
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	115	198	\$	16,634.31	\$	84.01	.213	\$	144.65	\$	17.89
CLINIC	1	1		34.82		34.82	.001		34.82		.04
SURGICENTER	2	16		548.68		34.29	.017		274.34		.59
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	113	181		16,050.81		88.68	.195		142.04		17.26

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COLUSA COUNTY      SUMMARY OF SERVICES FOR    MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

930 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	18	106	\$ 3,126.54	\$ 29.50	.114	\$ 173.70	\$ 3.36
DURABLE MED. EQUIP.	1	1	99.99	99.99	.001	99.99	.11
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	39	622.37	15.96	.042	124.47	.67
AMBULANCES/AIR TRANS	5	39	622.37	15.96	.042	124.47	.67
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.11
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.002	16.64	.02
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	36	1,964.09	54.56	.039	280.58	2.11
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	27	318.45	11.79	.029	106.15	.34
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	7	36	\$ 1,964.09	\$ 54.56	.039	\$ 280.58	\$ 2.11
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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COLUSA COUNTY	SUMMARY OF SERVICES FOR    MIC - SOC	

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	18	13	\$ 2,891.75	\$ 222.44	1.857	\$ 160.65	\$ 413.11
@PHYSICIANS SERVICES	5	21	\$ 612.39	\$ 29.16	3.000	\$ 122.48	\$ 87.48
OUTPATIENT VISITS	3	3	162.88	54.29	.429	54.29	23.27
OFFICE VISITS	1	1	26.18	26.18	.143	26.18	3.74
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	136.70	68.35	.286	68.35	19.53
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00

HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	12		159.99	13.33	1.714	159.99	22.86
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	12		159.99	13.33	1.714	159.99	22.86
OUTPATIENT SURGERY	1	1		266.87	266.87	.143	266.87	38.12
PRINCIPAL SURGEON	1	1		266.87	266.87	.143	266.87	38.12
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	3		22.65	7.55	.429	22.65	3.24
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	2		.00	.00	.286	.00	.00
@PHARMACY	2	7	\$	127.79	\$ 18.26	1.000	\$ 63.90	\$ 18.26
PRESCRIPTION DRUGS	2	6		86.55	14.43	.857	43.28	12.36
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	2	6		86.55	14.43	.857	43.28	12.36
MEDICAL SUPPLIES	1	1		41.24	41.24	.143	41.24	5.89
@DENTIST	3	6	\$	.00	\$ .00	.857	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	4		.00	.00	.571	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		.00	.00	.143	.00	.00
ALL OTHER SERVICES	1	1		.00	.00	.143	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 1,778
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07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
						UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	1	3	\$	38.01	\$ 12.67	.429	\$ 38.01	\$ 5.43

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	9	34	\$	2,212.52	\$	65.07	4.857	\$	245.84	\$	316.07
HOSP INPATIENT TOTAL	2	5		1,802.72		360.54	.714		901.36		257.53
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	5		1,802.72		360.54	.714		901.36		257.53
ACCOMMODATIONS	2	5		187.79		37.56	.714		93.90		26.83
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	5		187.79		37.56	.714		93.90		26.83
ANCILLARIES	2	0		1,614.93		.00	.000		807.47		230.70
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7	29		409.80		14.13	4.143		58.54		58.54
MEDICAL	2	2		14.98		7.49	.286		7.49		2.14
SURGERY	2	2		20.82		10.41	.286		10.41		2.97
PATHOLOGY	4	11		34.74		3.16	1.571		8.69		4.96
RADIOLOGY	2	2		109.04		54.52	.286		54.52		15.58
ROOM USE	4	4		177.30		44.33	.571		44.33		25.33
CROSSOVERS/ALL OTH OUTPTNT	6	8		52.92		6.62	1.143		8.82		7.56
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	34	\$ 2,212.52	\$ 65.07	4.857	\$ 245.84	\$ 316.07
COMM HOSP INPATIENT TOTAL	2	5	1,802.72	360.54	.714	901.36	257.53
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	5	1,802.72	360.54	.714	901.36	257.53
ACCOMMODATIONS	2	5	187.79	37.56	.714	93.90	26.83
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5	187.79	37.56	.714	93.90	26.83
ANCILLARIES	2	0	1,614.93	.00	.000	807.47	230.70
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	29	409.80	14.13	4.143	58.54	58.54
MEDICAL	2	2	14.98	7.49	.286	7.49	2.14
SURGERY	2	2	20.82	10.41	.286	10.41	2.97
PATHOLOGY	4	11	34.74	3.16	1.571	8.69	4.96

RADIOLOGY	2	2		109.04		54.52	.286	54.52	15.58
ROOM USE	4	4		177.30		44.33	.571	44.33	25.33
CROSSOVERS/ALL OTH OUTPTNT	6	8		52.92		6.62	1.143	8.82	7.56
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	30.66	\$	.00	.000	\$	4.38
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		30.66		.00	.000	.00	4.38

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIC - SOC

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07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	58CR	\$ 129.62CR	\$ 2.23	8.286CR\$	129.62CR\$	18.52CR
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	58CR	129.62CR	2.23	8.286CR	129.62CR	18.52CR
AMBULANCES/AIR TRANS	1	58CR	129.62CR	2.23	8.286CR	129.62CR	18.52CR
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00	.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

PAGE 1,781 01/29/04

937 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	470	1,585	\$	87,542.04	\$	55.23	1.692	\$	186.26	\$	93.43
@PHYSICIANS SERVICES	152	299	\$	12,422.94	\$	41.55	.319	\$	81.73	\$	13.26
OUTPATIENT VISITS	123	176		5,906.18		33.56	.188		48.02		6.30
OFFICE VISITS	95	132		3,739.27		28.33	.141		39.36		3.99
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	24	25		1,352.50		54.10	.027		56.35		1.44
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	7	19		814.41		42.86	.020		116.34		.87
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	7	22		870.05		39.55	.023		124.29		.93
HOSPITAL VISITS	7	22		870.05		39.55	.023		124.29		.93
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	6	27		2,962.29		109.71	.029		493.72		3.16
PRINCIPAL SURGEON	2	2		2,177.18		1088.59	.002		1088.59		2.32
ASSISTANT SURGEON	2	2		262.45		131.23	.002		131.23		.28
ANESTHESIOLOGIST	3	23		522.66		22.72	.025		174.22		.56
OUTPATIENT SURGERY	12	25		1,726.50		69.06	.027		143.88		1.84
PRINCIPAL SURGEON	10	11		1,403.70		127.61	.012		140.37		1.50
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	14		322.80		23.06	.015		161.40		.34
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	14	15		45.50		3.03	.016		3.25		.05
RADIOLOGY	10	14		369.03		26.36	.015		36.90		.39
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		6.55		6.55	.001		6.55		.01
OTHER SERVICES/ALL X-OVERS	13	19		536.84		28.25	.020		41.30		.57
@PHARMACY	216	407	\$	16,305.38	\$	40.06	.434	\$	75.49	\$	17.40
PRESCRIPTION DRUGS	211	391		16,074.76		41.11	.417		76.18		17.16
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	211	391		16,074.76		41.11	.417		76.18		17.16
MEDICAL SUPPLIES	12	16		230.62		14.41	.017		19.22		.25
@DENTIST	23	160	\$	7,277.00	\$	45.48	.171	\$	316.39	\$	7.77
VISITS - DIAGNOSTIC	15	71		1,333.00		18.77	.076		88.87		1.42
ORAL SURGERY	3	9		804.00		89.33	.010		268.00		.86
DRUGS	2	2		45.00		22.50	.002		22.50		.05
ANESTHESIA	1	1		100.00		100.00	.001		100.00		.11
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	3	12		1,041.00		86.75	.013		347.00		1.11
RESTORATIVE DENTISTRY	11	59		3,764.00		63.80	.063		342.18		4.02
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	1	1		120.00		120.00	.001		120.00		.13
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	4	4		70.00		17.50	.004		17.50		.07
ALL OTHER SERVICES	1	1		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 1,782
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL										

937 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	2	\$ 32.08	\$ 16.04	.002	\$ 32.08	\$ .03
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	2	32.08	16.04	.002	32.08	.03
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	6	6	\$	314.97	\$	52.50	.006	\$	52.50	\$	.34
NURSE ANESTHESIST	1	3	\$	38.01	\$	12.67	.003	\$	38.01	\$	.04
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	98	395	\$	30,406.46	\$	76.98	.422	\$	310.27	\$	32.45
HOSP INPATIENT TOTAL	7	19		22,087.92		1162.52	.020		3155.42		23.57
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	7	19		22,087.92		1162.52	.020		3155.42		23.57
ACCOMMODATIONS	7	19		4,598.36		242.02	.020		656.91		4.91
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	19		4,598.36		242.02	.020		656.91		4.91
ANCILLARIES	7	0		17,489.56		.00	.000		2498.51		18.67
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	92	376		8,318.54		22.12	.401		90.42		8.88
MEDICAL	14	19		596.18		31.38	.020		42.58		.64
SURGERY	3	4		78.14		19.54	.004		26.05		.08
PATHOLOGY	64	158		1,689.36		10.69	.169		26.40		1.80
RADIOLOGY	29	37		1,743.53		47.12	.039		60.12		1.86
ROOM USE	65	76		3,133.18		41.23	.081		48.20		3.34
CROSSOVERS/ALL OTH OUTPTNT	53	82		1,078.15		13.15	.088		20.34		1.15
@COUNTY HOSPITAL TOTAL	2	18	\$	486.11	\$	27.01	.019	\$	243.06	\$	.52
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	18		486.11		27.01	.019		243.06		.52
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	2		57.32		28.66	.002		57.32		.06
PATHOLOGY	1	7		132.07		18.87	.007		132.07		.14
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	4		246.39		61.60	.004		246.39		.26
CROSSOVERS/ALL OTH OUTPTNT	2	5		50.33		10.07	.005		25.17		.05

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,783  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY INDIGENT - CHILDREN - TOTAL

	937 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	96	377	\$	29,920.35	\$ 79.36	.402	\$ 311.67	\$ 31.93
COMM HOSP INPATIENT TOTAL	7	19		22,087.92	1162.52	.020	3155.42	23.57
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	7	19		22,087.92	1162.52	.020	3155.42	23.57
ACCOMMODATIONS	7	19		4,598.36	242.02	.020	656.91	4.91

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	19	4,598.36	242.02	.020	656.91	4.91
ANCILLARIES	7	0	17,489.56	.00	.000	2498.51	18.67
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	90	358	7,832.43	21.88	.382	87.03	8.36
MEDICAL	14	19	596.18	31.38	.020	42.58	.64
SURGERY	2	2	20.82	10.41	.002	10.41	.02
PATHOLOGY	63	151	1,557.29	10.31	.161	24.72	1.66
RADIOLOGY	29	37	1,743.53	47.12	.039	60.12	1.86
ROOM USE	64	72	2,886.79	40.09	.077	45.11	3.08
CROSSOVERS/ALL OTH OUTPTNT	51	77	1,027.82	13.35	.082	20.15	1.10
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	26	67	1,083.31	16.17	.072	41.67	1.16
PATHOLOGY	26	67	1,083.31	16.17	.072	41.67	1.16
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	115	198	16,664.97	84.17	.211	144.91	17.79
CLINIC	1	1	34.82	34.82	.001	34.82	.04
SURGICENTER	2	16	548.68	34.29	.017	274.34	.59
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	113	181	16,081.47	88.85	.193	142.31	17.16
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,784
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL						

						----- MONTHLY AVERAGE -----			
937 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	19	48	\$	2,996.92	\$ 62.44	.051	\$ 157.73	\$	3.20
DURABLE MED. EQUIP.	1	1		99.99	99.99	.001	99.99		.11
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	6	19CR		492.75	25.93CR	.020CR	82.13		.53
AMBULANCES/AIR TRANS	6	19CR		492.75	25.93CR	.020CR	82.13		.53
OTHER TRANS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	1	1		105.00	105.00	.001	105.00		.11
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00

OPTICIAN	1	2	16.64	8.32	.002	16.64	.02
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	36	1,964.09	54.56	.038	280.58	2.10
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	27	318.45	11.79	.029	106.15	.34
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	7	36	\$ 1,964.09	\$ 54.56	.038	\$ 280.58	\$ 2.10

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,785  
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04  
 COLUSA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000		.00	.00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

MOP024  
COLUSA COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,788
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81						

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,789
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86

44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	25	106	\$ 17,036.08	\$ 160.72	2.409	\$ 681.44	\$ 387.18
@PHYSICIANS SERVICES	9	19	\$ 1,892.70	\$ 99.62	.432	\$ 210.30	\$ 43.02
OUTPATIENT VISITS	5	6	336.13	56.02	.136	67.23	7.64
OFFICE VISITS	3	4	115.09	28.77	.091	38.36	2.62
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2	221.04	110.52	.045	110.52	5.02
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	3	113.57	37.86	.068	113.57	2.58
HOSPITAL VISITS	1	3	113.57	37.86	.068	113.57	2.58
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	7	1,420.92	202.99	.159	473.64	32.29
PRINCIPAL SURGEON	2	2	1,227.80	613.90	.045	613.90	27.90
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	193.12	38.62	.114	193.12	4.39
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	3	3		22.08		7.36	.068	7.36	.50
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	12	28	\$	714.54	\$	25.52	.636	\$ 59.55	\$ 16.24
PRESCRIPTION DRUGS	12	28		714.54		25.52	.636	59.55	16.24
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	12	28		714.54		25.52	.636	59.55	16.24
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	3	20	\$	186.00	\$	9.30	.455	\$ 62.00	\$ 4.23
VISITS - DIAGNOSTIC	3	19		141.00		7.42	.432	47.00	3.20
ORAL SURGERY	1	1		45.00		45.00	.023	45.00	1.02
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,790  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT      AID CODE 86

44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	9	24	\$ 13,350.67	\$ 556.28	.545	\$ 1483.41	\$ 303.42
HOSP INPATIENT TOTAL	3	9	12,917.24	1435.25	.205	4305.75	293.57
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	9	12,917.24	1435.25	.205	4305.75	293.57
ACCOMMODATIONS	3	9	3,819.60	424.40	.205	1273.20	86.81
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	9	3,819.60	424.40	.205	1273.20	86.81
ANCILLARIES	3	0	9,097.64	.00	.000	3032.55	206.76
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	15	433.43	28.90	.341	61.92	9.85
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	8	105.21	13.15	.182	21.04	2.39
RADIOLOGY	4	4	280.91	70.23	.091	70.23	6.38
ROOM USE	1	1	31.93	31.93	.023	31.93	.73
CROSSOVERS/ALL OTH OUTPTNT	1	2	15.38	7.69	.045	15.38	.35
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,791
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT						AID CODE 86
					----- MONTHLY AVERAGE -----		
44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	24	\$ 13,350.67	\$ 556.28	.545	\$ 1483.41	\$ 303.42
COMM HOSP INPATIENT TOTAL	3	9	12,917.24	1435.25	.205	4305.75	293.57
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	9	12,917.24	1435.25	.205	4305.75	293.57
ACCOMMODATIONS	3	9	3,819.60	424.40	.205	1273.20	86.81
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	9	3,819.60	424.40	.205	1273.20	86.81
ANCILLARIES	3	0	9,097.64	.00	.000	3032.55	206.76
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	15	433.43	28.90	.341	61.92	9.85
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	8	105.21	13.15	.182	21.04	2.39
RADIOLOGY	4	4	280.91	70.23	.091	70.23	6.38
ROOM USE	1	1	31.93	31.93	.023	31.93	.73
CROSSOVERS/ALL OTH OUTPTNT	1	2	15.38	7.69	.045	15.38	.35
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	8	\$ 127.71	\$ 15.96	.182	\$ 42.57	\$ 2.90
PATHOLOGY	3	8	127.71	15.96	.182	42.57	2.90
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	6	\$ 659.46	\$ 109.91	.136	\$ 219.82	\$ 14.99
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC  
#CALIF DEPT OF HEALTH SERV  
MOP024  
COLUSA COUNTY

3 6 659.46 109.91 .136 219.82 14.99  
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT

AID CODE 86  
----- MONTHLY AVERAGE -----  
PAGE 1,792  
01/29/04

44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 105.00	\$ 105.00	.023	\$ 105.00	\$ 2.39
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.023	105.00	2.39
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,793  
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04  
COLUSA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	25	106	\$ 17,036.08	\$ 160.72	2.409	\$ 681.44	\$ 387.18
@PHYSICIANS SERVICES	9	19	\$ 1,892.70	\$ 99.62	.432	\$ 210.30	\$ 43.02
OUTPATIENT VISITS	5	6	336.13	56.02	.136	67.23	7.64
OFFICE VISITS	3	4	115.09	28.77	.091	38.36	2.62
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2	221.04	110.52	.045	110.52	5.02
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	3	113.57	37.86	.068	113.57	2.58
HOSPITAL VISITS	1	3	113.57	37.86	.068	113.57	2.58
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	7		1,420.92	202.99	.159	473.64	32.29
PRINCIPAL SURGEON	2	2		1,227.80	613.90	.045	613.90	27.90
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5		193.12	38.62	.114	193.12	4.39
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	3		22.08	7.36	.068	7.36	.50
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	12	28	\$	714.54	\$ 25.52	.636	\$ 59.55	\$ 16.24
PRESCRIPTION DRUGS	12	28		714.54	25.52	.636	59.55	16.24
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	12	28		714.54	25.52	.636	59.55	16.24
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	3	20	\$	186.00	\$ 9.30	.455	\$ 62.00	\$ 4.23
VISITS - DIAGNOSTIC	3	19		141.00	7.42	.432	47.00	3.20
ORAL SURGERY	1	1		45.00	45.00	.023	45.00	1.02
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 1,794
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL							

44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	9	24	\$ 13,350.67	\$ 556.28	.545	\$ 1483.41	\$ 303.42

HOSP INPATIENT TOTAL	3	9	12,917.24	1435.25	.205	4305.75	293.57
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	9	12,917.24	1435.25	.205	4305.75	293.57
ACCOMMODATIONS	3	9	3,819.60	424.40	.205	1273.20	86.81
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	9	3,819.60	424.40	.205	1273.20	86.81
ANCILLARIES	3	0	9,097.64	.00	.000	3032.55	206.76
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	15	433.43	28.90	.341	61.92	9.85
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	8	105.21	13.15	.182	21.04	2.39
RADIOLOGY	4	4	280.91	70.23	.091	70.23	6.38
ROOM USE	1	1	31.93	31.93	.023	31.93	.73

CROSSOVERS/ALL OTH OUTPTNT	1	2		15.38		7.69	.045	15.38	.35
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,795  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	9	24	\$ 13,350.67	\$ 556.28	.545	\$ 1483.41	\$ 303.42	
COMM HOSP INPATIENT TOTAL	3	9	12,917.24	1435.25	.205	4305.75	293.57	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	3	9	12,917.24	1435.25	.205	4305.75	293.57	
ACCOMMODATIONS	3	9	3,819.60	424.40	.205	1273.20	86.81	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	3	9	3,819.60	424.40	.205	1273.20	86.81	
ANCILLARIES	3	0	9,097.64	.00	.000	3032.55	206.76	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	7	15	433.43	28.90	.341	61.92	9.85	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	5	8	105.21	13.15	.182	21.04	2.39	
RADIOLOGY	4	4	280.91	70.23	.091	70.23	6.38	
ROOM USE	1	1	31.93	31.93	.023	31.93	.73	
CROSSOVERS/ALL OTH OUTPTNT	1	2	15.38	7.69	.045	15.38	.35	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	8	\$	127.71	\$	15.96	.182	\$	42.57	\$	2.90
PATHOLOGY	3	8		127.71		15.96	.182		42.57		2.90
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	6	\$	659.46	\$	109.91	.136	\$	219.82	\$	14.99
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	6		659.46		109.91	.136		219.82		14.99

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

PAGE 1,796  
01/29/04

44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 105.00	\$ 105.00	.023	\$ 105.00	\$ 2.39
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.023	105.00	2.39
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MIA - SOC - LTC	PAGE 1,797 01/29/04
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00

HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	\$	.000	\$	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$	\$	.000	\$	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,798  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - LTC      AID CODE 53

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER	COST PER
					PER ELIG      USER	ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0	\$	.00	\$	.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	.00	.000	\$.00	.00
NURSE MIDWIFE	0	0	\$ .00	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$ .00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,799  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - LTC      AID CODE 53

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	.00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	.00	\$	.000	\$	.00
MENTALLY ILL	0	0	.00		.000		.00
DEVELOP. DISABLED	0	0	.00		.000		.00
@NURSING FACILITY	0	0	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0	.00		.000		.00
LEV B-REHAB MD	0	0	.00		.000		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.000		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

PAGE 1,800

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	.00	.00
DURABLE MED. EQUIP.	0	0		.00	.000	.00	.00
BLOOD BANK	0	0		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.000	.00	.00
OTHER TRANS	0	0		.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.000	.00	.00
OPTICIAN	0	0		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000	.00	.00
PROSTHETICS	0	0		.00	.000	.00	.00
ORTHOTICS	0	0		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	.000	.00	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000		.00	.00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

	0	OR DAYS OF CARE	0	\$	.00	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0		0		.00	.00	.000	.00	.00
HSC HOSPITALS	0		0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00	.00
ANCILLARIES	0		0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000	.00	.00
MEDICAL	0		0		.00	.00	.000	.00	.00
SURGERY	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
ROOM USE	0		0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0		0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0		.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0		0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	.00
LEV B-REGULAR	0		0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0		0		.00	.00	.000	.00	.00
ICF DD	0		0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0		0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0		0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0		0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
XO AND OTHERS	0		0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0		0		.00	.00	.000	.00	.00
SURGICENTER	0		0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0		0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0		0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV									
MOP024									
COLUSA COUNTY									

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT

PAGE 1,804  
 01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,805  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 COLUSA COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,806  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES      MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,807  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES      MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,808  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,809  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 COLUSA COUNTY      SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	.00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,810  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR      FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR FOR FUTURE USE

PAGE 1,811

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,812  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR      FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,813
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR      MEDICALLY INDIGENT - ADULTS - TOTAL	

44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	25	106	\$ 17,036.08	\$ 160.72	2.409	\$ 681.44	\$ 387.18
@PHYSICIANS SERVICES	9	19	\$ 1,892.70	\$ 99.62	.432	\$ 210.30	\$ 43.02
OUTPATIENT VISITS	5	6	336.13	56.02	.136	67.23	7.64
OFFICE VISITS	3	4	115.09	28.77	.091	38.36	2.62
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2	221.04	110.52	.045	110.52	5.02

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	1	3		113.57	37.86	.068	113.57	2.58
HOSPITAL VISITS	1	3		113.57	37.86	.068	113.57	2.58
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	7		1,420.92	202.99	.159	473.64	32.29
PRINCIPAL SURGEON	2	2		1,227.80	613.90	.045	613.90	27.90
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5		193.12	38.62	.114	193.12	4.39
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	3		22.08	7.36	.068	7.36	.50
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	12	28	\$	714.54	\$ 25.52	.636	\$ 59.55	\$ 16.24
PRESCRIPTION DRUGS	12	28		714.54	25.52	.636	59.55	16.24
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	12	28		714.54	25.52	.636	59.55	16.24
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	3	20	\$	186.00	\$ 9.30	.455	\$ 62.00	\$ 4.23
VISITS - DIAGNOSTIC	3	19		141.00	7.42	.432	47.00	3.20
ORAL SURGERY	1	1		45.00	45.00	.023	45.00	1.02
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 1,814
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL							

44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	9	24	\$	13,350.67	\$	556.28	.545	\$	1483.41	\$	303.42
HOSP INPATIENT TOTAL	3	9		12,917.24		1435.25	.205		4305.75		293.57
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	3	9		12,917.24		1435.25	.205		4305.75		293.57
ACCOMMODATIONS	3	9		3,819.60		424.40	.205		1273.20		86.81
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	9		3,819.60		424.40	.205		1273.20		86.81
ANCILLARIES	3	0		9,097.64		.00	.000		3032.55		206.76
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	7	15	433.43	28.90	.341	61.92	9.85
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	8	105.21	13.15	.182	21.04	2.39
RADIOLOGY	4	4	280.91	70.23	.091	70.23	6.38
ROOM USE	1	1	31.93	31.93	.023	31.93	.73
CROSSOVERS/ALL OTH OUTPTNT	1	2	15.38	7.69	.045	15.38	.35
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,815
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL						

44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	24	\$ 13,350.67	\$ 556.28	.545	\$ 1483.41	\$ 303.42
COMM HOSP INPATIENT TOTAL	3	9	12,917.24	1435.25	.205	4305.75	293.57
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	9	12,917.24	1435.25	.205	4305.75	293.57
ACCOMMODATIONS	3	9	3,819.60	424.40	.205	1273.20	86.81
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	9	3,819.60	424.40	.205	1273.20	86.81
ANCILLARIES	3	0	9,097.64	.00	.000	3032.55	206.76
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	15	433.43	28.90	.341	61.92	9.85
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	8	105.21	13.15	.182	21.04	2.39
RADIOLOGY	4	4	280.91	70.23	.091	70.23	6.38
ROOM USE	1	1	31.93	31.93	.023	31.93	.73
CROSSOVERS/ALL OTH OUTPTNT	1	2	15.38	7.69	.045	15.38	.35
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	8	\$ 127.71	\$ 15.96	.182	\$ 42.57	\$ 2.90
PATHOLOGY	3	8	127.71	15.96	.182	42.57	2.90
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	6	\$ 659.46	\$ 109.91	.136	\$ 219.82	\$ 14.99
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	6	659.46	109.91	.136	219.82	14.99

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,816  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY INDIGENT - ADULTS - TOTAL

44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 105.00	\$ 105.00	.023	\$ 105.00	\$ 2.39
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.023	105.00	2.39
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,817
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR      ALL AGED	

----- MONTHLY AVERAGE -----

4,374 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,559	85,368	\$ 2,802,854.99	\$ 32.83	19.517	\$ 787.54	\$ 640.80
@PHYSICIANS SERVICES	631	1,578	\$ 34,275.04	\$ 21.72	.361	\$ 54.32	\$ 7.84
OUTPATIENT VISITS	42	58	2,170.47	37.42	.013	51.68	.50
OFFICE VISITS	37	50	1,675.33	33.51	.011	45.28	.38
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	460.94	92.19	.001	92.19	.11
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	3	34.20	11.40	.001	17.10	.01
INPATIENT VISITS	9	27	1,300.78	48.18	.006	144.53	.30
HOSPITAL VISITS	9	27	1,300.78	48.18	.006	144.53	.30
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	5	258.20	51.64	.001	64.55	.06
EXAMINATIONS	4	5	258.20	51.64	.001	64.55	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	219.04	219.04	.000	219.04	.05
PRINCIPAL SURGEON	1	1	219.04	219.04	.000	219.04	.05
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	8	15	2,908.89	193.93	.003	363.61	.67
PRINCIPAL SURGEON	7	9	2,786.86	309.65	.002	398.12	.64
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6	122.03	20.34	.001	122.03	.03
DIALYSIS	5	10	1,200.16	120.02	.002	240.03	.27
PATHOLOGY	7	25	78.18	3.13	.006	11.17	.02
RADIOLOGY	11	21	1,159.67	55.22	.005	105.42	.27
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2	34.50	17.25	.000	34.50	.01
OTHER SERVICES/ALL X-OVERS	589	1,414	24,945.15	17.64	.323	42.35	5.70
@PHARMACY	3,037	39,603	\$ 890,591.02	\$ 22.49	9.054	\$ 293.25	\$ 203.61
PRESCRIPTION DRUGS	2,987	12,178	862,736.59	70.84	2.784	288.83	197.24
SNF/ICF	489	3,390	185,419.60	54.70	.775	379.18	42.39
OUTPATIENTS	2,507	8,788	677,316.99	77.07	2.009	270.17	154.85
MEDICAL SUPPLIES	292	27,425	27,854.43	1.02	6.270	95.39	6.37
@DENTIST	116	390	\$ 24,725.00	\$ 63.40	.089	\$ 213.15	\$ 5.65
VISITS - DIAGNOSTIC	73	178	2,792.00	15.69	.041	38.25	.64
ORAL SURGERY	28	112	4,869.00	43.47	.026	173.89	1.11
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.02
PERIODONTICS	5	5	710.00	142.00	.001	142.00	.16
ENDODONTICS	1	1	330.00	330.00	.000	330.00	.08
RESTORATIVE DENTISTRY	13	22	1,306.00	59.36	.005	100.46	.30
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	32	68	14,588.00	214.53	.016	455.88	3.34
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	2	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,818
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR ALL AGED						

4,374 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	58	153	\$ 2,814.24	\$ 18.39	.035	\$ 48.52	\$ .64
DIAGNOSTIC AND ANC. PROCED	3	3	114.90	38.30	.001	38.30	.03

EYE APPLIANCES	43	127		2,140.16		16.85	.029	49.77	.49
OTHER OPTOMETRIC SERVICES	15	23		559.18		24.31	.005	37.28	.13
@CHIROPRACTOR	1	2	\$	23.74	\$	11.87	.000	23.74	\$ .01
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	1	2		23.74		11.87	.000	23.74	.01
@PODIATRIST	125	181	\$	1,341.64	\$	7.41	.041	10.73	\$ .31
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	125	181		1,341.64		7.41	.041	10.73	.31
@HOME HEALTH AGENCY	1	2	\$	8.25	\$	4.13	.000	8.25	\$ .00
NURSE ANESTHESIST	6	47	\$	345.20	\$	7.34	.011	57.53	\$ .08
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	\$ .00
@TOTAL HOSPITAL	669	3,294	\$	153,794.66	\$	46.69	.753	229.89	\$ 35.16
HOSP INPATIENT TOTAL	67	248		113,988.64		459.63	.057	1701.32	26.06
HSC HOSPITALS	2	3		3,279.32		1093.11	.001	1639.66	.75
NON-HSC HOSPITAL TOTAL	11	51		70,925.79		1390.70	.012	6447.80	16.22
ACCOMMODATIONS	11	51		24,511.70		480.62	.012	2228.34	5.60
ADMINISTRATIVE DAYS	1	2		456.77		228.39	.000	456.77	.10
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	11	49		24,054.93		490.92	.011	2186.81	5.50
ANCILLARIES	10	0		46,414.09		.00	.000	4641.41	10.61
INPATIENT CROSSOVERS	54	194		39,783.53		205.07	.044	736.73	9.10
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	634	3,046		39,806.02		13.07	.696	62.79	9.10
MEDICAL	11	23		667.34		29.01	.005	60.67	.15
SURGERY	5	5		255.71		51.14	.001	51.14	.06
PATHOLOGY	24	109		1,202.77		11.03	.025	50.12	.27
RADIOLOGY	14	17		564.50		33.21	.004	40.32	.13
ROOM USE	16	23		1,297.88		56.43	.005	81.12	.30
CROSSOVERS/ALL OTH OUTPTNT	607	2,869		35,817.82		12.48	.656	59.01	8.19
@COUNTY HOSPITAL TOTAL	1	0	\$	39.32	\$	.00	.000	39.32	\$ .01
CO HOSPITAL INPATIENT TOTAL	1	0		39.32		.00	.000	39.32	.01
HSC HOSPITALS	1	0		39.32		.00	.000	39.32	.01
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL AGED

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	4,374 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	668	3,294	\$	153,755.34	\$ 46.68	.753	\$ 230.17	\$ 35.15
COMM HOSP INPATIENT TOTAL	66	248		113,949.32	459.47	.057	1726.50	26.05
HSC HOSPITALS	1	3		3,240.00	1080.00	.001	3240.00	.74

NON-HSC HOSPITALS TOTAL	11	51	70,925.79	1390.70	.012	6447.80	16.22
ACCOMMODATIONS	11	51	24,511.70	480.62	.012	2228.34	5.60
ADMINISTRATIVE DAYS	1	2	456.77	228.39	.000	456.77	.10
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	49	24,054.93	490.92	.011	2186.81	5.50
ANCILLARIES	10	0	46,414.09	.00	.000	4641.41	10.61
INPATIENT CROSSOVERS	54	194	39,783.53	205.07	.044	736.73	9.10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	634	3,046	39,806.02	13.07	.696	62.79	9.10
MEDICAL	11	23	667.34	29.01	.005	60.67	.15
SURGERY	5	5	255.71	51.14	.001	51.14	.06
PATHOLOGY	24	109	1,202.77	11.03	.025	50.12	.27
RADIOLOGY	14	17	564.50	33.21	.004	40.32	.13
ROOM USE	16	23	1,297.88	56.43	.005	81.12	.30
CROSSOVERS/ALL OTH OUTPTNT	607	2,869	35,817.82	12.48	.656	59.01	8.19
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	514	15,316	\$	1,519,954.66	\$ 99.24	3.502	\$ 2957.11	\$ 347.50
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	32	1,064		113,999.07	107.14	.243	3562.47	26.06
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	482	14,252		1,405,955.59	98.65	3.258	2916.92	321.43
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	39	281	\$	23,500.79	\$ 83.63	.064	\$ 602.58	\$ 5.37
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	39	281		23,500.79	83.63	.064	602.58	5.37
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	31	132	\$	1,877.82	\$ 14.23	.030	\$ 60.57	\$ .43
PATHOLOGY	25	124		1,800.84	14.52	.028	72.03	.41
XO AND OTHERS	6	8		76.98	9.62	.002	12.83	.02
@ORGANIZED OUTPATIENT CLINIC	442	741	\$	43,604.65	\$ 58.85	.169	\$ 98.65	\$ 9.97
CLINIC	3	4		60.50	15.13	.001	20.17	.01
SURGICENTER	12	22		2,633.47	119.70	.005	219.46	.60
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	431	715		40,910.68	57.22	.163	94.92	9.35
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL AGED

	4,374 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	534	23,648	\$	105,998.28	\$ 4.48	5.406	\$ 198.50	\$ 24.23
DURABLE MED. EQUIP.	39	101		33,829.15	334.94	.023	867.41	7.73
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	25	35		11,260.25	321.72	.008	450.41	2.57
MEDICAL TRANSPORTATION	91	13,292		34,435.64	2.59	3.039	378.41	7.87
AMBULANCES/AIR TRANS	5	37		736.11	19.89	.008	147.22	.17
OTHER TRANS	43	12,127		29,468.83	2.43	2.773	685.32	6.74
OTHER SERVICES	45	1,128		4,230.70	3.75	.258	94.02	.97
ACUPUNCTURE	2	8		129.76	16.22	.002	64.88	.03
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	80	180		2,579.80	14.33	.041	32.25	.59
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	13	24		19.55	.81	.005	1.50	.00
PROSTHETIST/ORTHOTISTS	8	16		379.54	23.72	.004	47.44	.09
PROSTHETICS	8	16		379.54	23.72	.004	47.44	.09
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	11		1,715.06	155.91	.003	285.84	.39
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	307	9,981		21,649.53		2.17	2.282		70.52		4.95
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	1,450	15,704	\$	177,225.56	\$	11.29	3.590	\$	122.22	\$	40.52

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 COLUSA COUNTY      SUMMARY OF SERVICES FOR ALL BLIND

213 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	179	12,058	\$ 181,694.36	\$ 15.07	56.610	\$ 1015.05	\$ 853.03
@PHYSICIANS SERVICES	58	136	\$ 5,401.02	\$ 39.71	.638	\$ 93.12	\$ 25.36
OUTPATIENT VISITS	26	35	1,652.38	47.21	.164	63.55	7.76
OFFICE VISITS	17	19	719.60	37.87	.089	42.33	3.38
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	7	516.97	73.85	.033	129.24	2.43
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	9	415.81	46.20	.042	51.98	1.95
INPATIENT VISITS	3	30	1,988.44	66.28	.141	662.81	9.34
HOSPITAL VISITS	3	28	1,537.32	54.90	.131	512.44	7.22
CRITICAL CARE	1	2	451.12	225.56	.009	451.12	2.12
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	94.73	31.58	.014	31.58	.44
EXAMINATIONS	3	3	94.73	31.58	.014	31.58	.44
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	358.88	358.88	.005	358.88	1.68
PRINCIPAL SURGEON	1	1	358.88	358.88	.005	358.88	1.68
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	7	161.40	23.06	.033	161.40	.76
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	161.40	23.06	.033	161.40	.76
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	5	32.90	6.58	.023	10.97	.15
RADIOLOGY	6	16	328.10	20.51	.075	54.68	1.54
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	30	39	784.19	20.11	.183	26.14	3.68
@PHARMACY	144	3,055	\$ 70,445.82	\$ 23.06	14.343	\$ 489.21	\$ 330.73
PRESCRIPTION DRUGS	144	632	65,938.77	104.33	2.967	457.91	309.57
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	144	632	65,938.77	104.33	2.967	457.91	309.57
MEDICAL SUPPLIES	20	2,423	4,507.05	1.86	11.376	225.35	21.16
@DENTIST	11	62	\$ 2,001.00	\$ 32.27	.291	\$ 181.91	\$ 9.39
VISITS - DIAGNOSTIC	6	41	444.00	10.83	.192	74.00	2.08
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	4	718.00	179.50	.019	239.33	3.37
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	10	509.00	50.90	.047	84.83	2.39
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	7	330.00	47.14	.033	110.00	1.55
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR ALL BLIND

213 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	8	\$ 159.31	\$ 19.91	.038	\$ 53.10	\$ .75
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.005	47.45	.22
EYE APPLIANCES	3	7	111.86	15.98	.033	37.29	.53
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	7	\$ 34.65	\$ 4.95	.033	\$ 8.66	\$ .16
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	7	34.65	4.95	.033	8.66	.16
@HOME HEALTH AGENCY	11	1,585	\$ 46,775.23	\$ 29.51	7.441	\$ 4252.29	\$ 219.60
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	42	223	\$ 41,970.05	\$ 188.21	1.047	\$ 999.29	\$ 197.04
HOSP INPATIENT TOTAL	6	41	38,556.00	940.39	.192	6426.00	181.01
HSC HOSPITALS	2	30	35,224.00	1174.13	.141	17612.00	165.37
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	11	3,332.00	302.91	.052	833.00	15.64
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	37	182	3,414.05	18.76	.854	92.27	16.03
MEDICAL	3	6	113.29	18.88	.028	37.76	.53
SURGERY	1	1	69.11	69.11	.005	69.11	.32
PATHOLOGY	12	58	604.51	10.42	.272	50.38	2.84
RADIOLOGY	7	10	714.38	71.44	.047	102.05	3.35
ROOM USE	20	24	823.48	34.31	.113	41.17	3.87
CROSSOVERS/ALL OTH OUTPTNT	18	83	1,089.28	13.12	.390	60.52	5.11
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

213 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	42	223	\$ 41,970.05	\$ 188.21	1.047		\$ 999.29	\$ 197.04
COMM HOSP INPATIENT TOTAL	6	41	38,556.00	940.39	.192		6426.00	181.01
HSC HOSPITALS	2	30	35,224.00	1174.13	.141		17612.00	165.37
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	4	11	3,332.00	302.91	.052		833.00	15.64
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	37	182	3,414.05	18.76	.854		92.27	16.03
MEDICAL	3	6	113.29	18.88	.028		37.76	.53
SURGERY	1	1	69.11	69.11	.005		69.11	.32
PATHOLOGY	12	58	604.51	10.42	.272		50.38	2.84
RADIOLOGY	7	10	714.38	71.44	.047		102.05	3.35
ROOM USE	20	24	823.48	34.31	.113		41.17	3.87
CROSSOVERS/ALL OTH OUTPTNT	18	83	1,089.28	13.12	.390		60.52	5.11
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	0	0	.00	.00	.000		.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000		.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000		.00	.00
@LABORATORY FACILITY	8	36	\$ 402.67	\$ 11.19	.169		\$ 50.33	\$ 1.89
PATHOLOGY	8	36	402.67	11.19	.169		50.33	1.89
XO AND OTHERS	0	0	.00	.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	28	45	\$ 3,726.44	\$ 82.81	.211		\$ 133.09	\$ 17.50
CLINIC	0	0	.00	.00	.000		.00	.00
SURGICENTER	0	0	.00	.00	.000		.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	28	45	3,726.44	82.81	.211		133.09	17.50

213 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	23	6,901	\$ 10,778.17	\$ 1.56	32.399		\$ 468.62	\$ 50.60

DURABLE MED. EQUIP.	4	8	2,891.51	361.44	.038	722.88	13.58
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	34	374.12	11.00	.160	124.71	1.76
AMBULANCES/AIR TRANS	2	28	226.71	8.10	.131	113.36	1.06
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	6	147.41	24.57	.028	147.41	.69
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	5	63.98	12.80	.023	21.33	.30
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	6,828		6,844.83	1.00	32.056	2281.61	32.14
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	26		603.73	23.22	.122	50.31	2.83
@CALIF. CHILDREN SERVICES*	10	256	\$	47,578.31	\$ 185.85	1.202	\$ 4757.83	\$ 223.37
@XOVER EXCLUDING STATE HOSP**	44	141	\$	5,172.15	\$ 36.68	.662	\$ 117.55	\$ 24.28

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,825
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED	

5,810 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,859	174,893	\$ 3,693,922.77	\$ 21.12	30.102	\$ 760.22	\$ 635.79
@PHYSICIANS SERVICES	1,181	4,896	\$ 151,757.05	\$ 31.00	.843	\$ 128.50	\$ 26.12
OUTPATIENT VISITS	439	668	25,277.40	37.84	.115	57.58	4.35
OFFICE VISITS	345	499	16,717.06	33.50	.086	48.46	2.88
HOME VISITS	14	17	680.90	40.05	.003	48.64	.12
EMERGENCY ROOM	71	108	6,460.26	59.82	.019	90.99	1.11
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.000	126.31	.02
OTHER OUTPATIENT	39	43	1,292.87	30.07	.007	33.15	.22
INPATIENT VISITS	67	586	28,790.50	49.13	.101	429.71	4.96
HOSPITAL VISITS	63	513	20,818.48	40.58	.088	330.45	3.58
CRITICAL CARE	14	67	7,817.62	116.68	.012	558.40	1.35
SNF/ICF/TRANS IP CARE	3	6	154.40	25.73	.001	51.47	.03
OPHTHALMOLOGICAL SERVICES	26	27	1,177.77	43.62	.005	45.30	.20
EXAMINATIONS	26	27	1,177.77	43.62	.005	45.30	.20
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	34	239	14,618.95	61.17	.041	429.97	2.52
PRINCIPAL SURGEON	25	43	10,935.56	254.32	.007	437.42	1.88
ASSISTANT SURGEON	1	1	121.61	121.61	.000	121.61	.02
ANESTHESIOLOGIST	14	195	3,561.78	18.27	.034	254.41	.61
OUTPATIENT SURGERY	93	293	23,535.68	80.33	.050	253.07	4.05
PRINCIPAL SURGEON	77	106	19,315.86	182.23	.018	250.86	3.32
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	24	187	4,219.82	22.57	.032	175.83	.73
DIALYSIS	25	238	6,871.69	28.87	.041	274.87	1.18
PATHOLOGY	50	335	2,555.18	7.63	.058	51.10	.44
RADIOLOGY	184	420	16,738.17	39.85	.072	90.97	2.88
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	19	141	2,574.56	18.26	.024	135.50	.44
OTHER SERVICES/ALL X-OVERS	635	1,949	29,617.15	15.20	.335	46.64	5.10
@PHARMACY	4,072	37,722	\$ 1,748,666.08	\$ 46.36	6.493	\$ 429.44	\$ 300.98
PRESCRIPTION DRUGS	4,040	17,771	1,709,410.63	96.19	3.059	423.12	294.22
SNF/ICF	100	629	34,190.92	54.36	.108	341.91	5.88
OUTPATIENTS	3,945	17,142	1,675,219.71	97.73	2.950	424.64	288.33
MEDICAL SUPPLIES	381	19,951	39,255.45	1.97	3.434	103.03	6.76
@DENTIST	155	854	\$ 28,876.00	\$ 33.81	.147	\$ 186.30	\$ 4.97
VISITS - DIAGNOSTIC	103	553	6,250.00	11.30	.095	60.68	1.08
ORAL SURGERY	25	75	4,250.00	56.67	.013	170.00	.73

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.03
PERIODONTICS	15	19	2,464.00	129.68	.003	164.27	.42
ENDODONTICS	4	5	1,205.00	241.00	.001	301.25	.21
RESTORATIVE DENTISTRY	44	121	6,304.00	52.10	.021	143.27	1.09
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	23	61	6,850.00	112.30	.010	297.83	1.18
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	48.00	48.00	.000	48.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	6	11	1,275.00	115.91	.002	212.50	.22
ALL OTHER SERVICES	4	5	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,826  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR ALL DISABLED

5,810 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	114	291	\$ 6,027.28	\$ 20.71	.050	\$ 52.87	\$ 1.04
DIAGNOSTIC AND ANC. PROCED	39	39	1,746.87	44.79	.007	44.79	.30
EYE APPLIANCES	86	237	3,896.51	16.44	.041	45.31	.67
OTHER OPTOMETRIC SERVICES	11	15	383.90	25.59	.003	34.90	.07
@CHIROPRACTOR	9	14	\$ 195.50	\$ 13.96	.002	\$ 21.72	\$ .03
VISITS	3	4	66.88	16.72	.001	22.29	.01
OTHER SERVICES	6	10	128.62	12.86	.002	21.44	.02
@PODIATRIST	47	70	\$ 851.60	\$ 12.17	.012	\$ 18.12	\$ .15
MEDICINE/INJECTIONS	2	3	123.40	41.13	.001	61.70	.02
SURGERY/ANES.	5	5	65.00	13.00	.001	13.00	.01
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.01
OTHER	40	60	628.60	10.48	.010	15.72	.11
@HOME HEALTH AGENCY	49	405	\$ 21,981.66	\$ 54.28	.070	\$ 448.61	\$ 3.78
NURSE ANESTHESIST	18	79	\$ 1,422.26	\$ 18.00	.014	\$ 79.01	\$ .24
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 208.49	\$ 208.49	.000	\$ 208.49	\$ .04
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1,337	7,154	\$ 818,446.94	\$ 114.40	1.231	\$ 612.15	\$ 140.87
HOSP INPATIENT TOTAL	117	651	696,820.03	1070.38	.112	5955.73	119.93
HSC HOSPITALS	19	267	303,557.00	1136.92	.046	15976.68	52.25
NON-HSC HOSPITAL TOTAL	53	181	352,628.20	1948.22	.031	6653.36	60.69
ACCOMMODATIONS	53	181	92,526.75	511.20	.031	1745.79	15.93
ADMINISTRATIVE DAYS	3	32	7,184.02	224.50	.006	2394.67	1.24
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	50	149	85,342.73	572.77	.026	1706.85	14.69
ANCILLARIES	52	0	260,101.45	.00	.000	5001.95	44.77
INPATIENT CROSSOVERS	49	203	40,634.83	200.17	.035	829.28	6.99
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,274	6,503	121,626.91	18.70	1.119	95.47	20.93
MEDICAL	179	310	13,247.60	42.73	.053	74.01	2.28
SURGERY	68	72	4,164.62	57.84	.012	61.24	.72
PATHOLOGY	399	1,570	16,989.31	10.82	.270	42.58	2.92
RADIOLOGY	251	394	21,535.52	54.66	.068	85.80	3.71
ROOM USE	370	544	23,993.74	44.11	.094	64.85	4.13
CROSSOVERS/ALL OTH OUTPTNT	799	3,613	41,696.12	11.54	.622	52.19	7.18
@COUNTY HOSPITAL TOTAL	4	61	\$ 42,890.50	\$ 703.12	.010	\$ 10722.63	\$ 7.38
CO HOSPITAL INPATIENT TOTAL	2	55	42,712.37	776.59	.009	21356.19	7.35
HSC HOSPITALS	1	16	21,632.00	1352.00	.003	21632.00	3.72
NON-HSC HOSPITALS TOTAL	1	21	20,240.37	963.83	.004	20240.37	3.48
ACCOMMODATIONS	1	21	4,857.30	231.30	.004	4857.30	.84
ADMINISTRATIVE DAYS	1	21	4,857.30	231.30	.004	4857.30	.84
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	15,383.07	.00	.000	15383.07	2.65
INPATIENT CROSSOVERS	1	18	840.00	46.67	.003	840.00	.14
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	6	178.13	29.69	.001	89.07	.03
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	6	178.13	29.69	.001	89.07	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,827
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED						

5,810 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,335	7,093	\$	775,556.44	\$ 109.34	1.221	\$ 580.94	\$ 133.49
COMM HOSP INPATIENT TOTAL	115	596		654,107.66	1097.50	.103	5687.89	112.58
HSC HOSPITALS	18	251		281,925.00	1123.21	.043	15662.50	48.52
NON-HSC HOSPITALS TOTAL	52	160		332,387.83	2077.42	.028	6392.07	57.21
ACCOMMODATIONS	52	160		87,669.45	547.93	.028	1685.95	15.09
ADMINISTRATIVE DAYS	2	11		2,326.72	211.52	.002	1163.36	.40
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	50	149		85,342.73	572.77	.026	1706.85	14.69
ANCILLARIES	51	0		244,718.38	.00	.000	4798.40	42.12
INPATIENT CROSSOVERS	48	185		39,794.83	215.11	.032	829.06	6.85
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,273	6,497		121,448.78	18.69	1.118	95.40	20.90
MEDICAL	179	310		13,247.60	42.73	.053	74.01	2.28
SURGERY	68	72		4,164.62	57.84	.012	61.24	.72
PATHOLOGY	399	1,570		16,989.31	10.82	.270	42.58	2.92
RADIOLOGY	251	394		21,535.52	54.66	.068	85.80	3.71
ROOM USE	370	544		23,993.74	44.11	.094	64.85	4.13
CROSSOVERS/ALL OTH OUTPTNT	798	3,607		41,517.99	11.51	.621	52.03	7.15
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	86	2,555	\$	282,456.08	\$ 110.55	.440	\$ 3284.37	\$ 48.62
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	86	2,555		282,456.08	110.55	.440	3284.37	48.62
@INTERMEDIATE CARE FACIL.-DD	23	765	\$	122,536.97	\$ 160.18	.132	\$ 5327.69	\$ 21.09
ICF DDH	13	366		54,594.22	149.16	.063	4199.56	9.40
ICF DD	1	22		2,834.92	128.86	.004	2834.92	.49
ICF DDN/DDCN	9	377		65,107.83	172.70	.065	7234.20	11.21
@HEMODIALYSIS TOTAL	85	2,103	\$	80,769.43	\$ 38.41	.362	\$ 950.23	\$ 13.90
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	85	2,103		80,769.43	38.41	.362	950.23	13.90
@REHABILITATION FACILITY	4	66	\$	1,351.70	\$ 20.48	.011	\$ 337.93	\$ .23
HOSPITAL BASED	4	66		1,351.70	20.48	.011	337.93	.23
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	212	788	\$	12,504.22	\$ 15.87	.136	\$ 58.98	\$ 2.15
PATHOLOGY	208	783		12,477.03	15.93	.135	59.99	2.15
XO AND OTHERS	4	5		27.19	5.44	.001	6.80	.00
@ORGANIZED OUTPATIENT CLINIC	1,110	1,875	\$	150,714.77	\$ 80.38	.323	\$ 135.78	\$ 25.94
CLINIC	21	38		3,446.76	90.70	.007	164.13	.59

SURGICENTER	10	23	1,815.53	78.94	.004	181.55	.31
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,088	1,814	145,452.48	80.18	.312	133.69	25.03

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,828  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR ALL DISABLED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
5,810 ELIGIBLES							
@ALL OTHER PROVIDERS	984	115,255	\$ 265,156.74	\$ 2.30	19.837	\$ 269.47	\$ 45.64
DURABLE MED. EQUIP.	93	276	78,205.21	283.35	.048	840.92	13.46
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	18	38	5,089.27	133.93	.007	282.74	.88
MEDICAL TRANSPORTATION	164	12,273	87,337.78	7.12	2.112	532.55	15.03
AMBULANCES/AIR TRANS	88	1,505	24,547.39	16.31	.259	278.95	4.23
OTHER TRANS	54	9,552	31,233.96	3.27	1.644	578.41	5.38
OTHER SERVICES	45	1,216	31,556.43	25.95	.209	701.25	5.43
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	6	18	2,353.25	130.74	.003	392.21	.41
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	119	264	3,310.27	12.54	.045	27.82	.57
PHYSICAL THERAPIST	2	6	92.82	15.47	.001	46.41	.02
PORTABLE X-RAY	7	13	11.34	.87	.002	1.62	.00
PROSTHETIST/ORTHOTISTS	10	45	5,102.06	113.38	.008	510.21	.88
PROSTHETICS	9	14	1,111.46	79.39	.002	123.50	.19
ORTHOTICS	1	31	3,990.60	128.73	.005	3990.60	.69
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	36	146	5,457.01	37.38	.025	151.58	.94
HOSPICE SERVICES	1	4	432.16	108.04	.001	432.16	.07
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	49	7,557	26,141.66	3.46	1.301	533.50	4.50
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	568	94,615	51,623.91	.55	16.285	90.89	8.89
@CALIF. CHILDREN SERVICES*	64	1,819	\$ 33,504.71	\$ 18.42	.313	\$ 523.51	\$ 5.77
@XOVER EXCLUDING STATE HOSP**	1,319	16,297	\$ 183,663.31	\$ 11.27	2.805	\$ 139.24	\$ 31.61

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,829
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
35,919 ELIGIBLES							
@TOTAL, ALL PROVIDERS	15,652	83,103	\$ 4,536,719.91	\$ 54.59	2.314	\$ 289.85	\$ 126.30
@PHYSICIANS SERVICES	3,912	10,944	\$ 549,329.69	\$ 50.19	.305	\$ 140.42	\$ 15.29
OUTPATIENT VISITS	2,757	3,818	137,816.43	36.10	.106	49.99	3.84
OFFICE VISITS	2,147	2,930	87,733.35	29.94	.082	40.86	2.44
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	486	626	31,961.79	51.06	.017	65.77	.89
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	127	167	15,323.73	91.76	.005	120.66	.43
OTHER OUTPATIENT	83	95	2,797.56	29.45	.003	33.71	.08
INPATIENT VISITS	270	1,217	83,954.52	68.98	.034	310.94	2.34
HOSPITAL VISITS	263	902	39,751.64	44.07	.025	151.15	1.11
CRITICAL CARE	28	315	44,202.88	140.33	.009	1578.67	1.23

SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	89	112	5,315.42	47.46	.003	59.72	.15
EXAMINATIONS	89	112	5,315.42	47.46	.003	59.72	.15
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	225	791	164,555.64	208.03	.022	731.36	4.58
PRINCIPAL SURGEON	174	210	146,601.80	698.10	.006	842.54	4.08
ASSISTANT SURGEON	32	32	5,609.15	175.29	.001	175.29	.16
ANESTHESIOLOGIST	51	549	12,344.69	22.49	.015	242.05	.34
OUTPATIENT SURGERY	419	1,027	65,441.77	63.72	.029	156.19	1.82
PRINCIPAL SURGEON	333	489	50,552.57	103.38	.014	151.81	1.41
ASSISTANT SURGEON	12	12	1,547.14	128.93	.000	128.93	.04
ANESTHESIOLOGIST	93	526	13,342.06	25.37	.015	143.46	.37
DIALYSIS	3	14	528.08	37.72	.000	176.03	.01
PATHOLOGY	529	806	6,488.47	8.05	.022	12.27	.18
RADIOLOGY	383	837	36,265.36	43.33	.023	94.69	1.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	76	565		13,436.38		23.78	.016	176.79	.37
OTHER SERVICES/ALL X-OVERS	514	1,757		35,527.62		20.22	.049	69.12	.99
@PHARMACY	7,925	25,097	\$	830,752.93	\$	33.10	.699	\$ 104.83	\$ 23.13
PRESCRIPTION DRUGS	7,832	16,779		810,568.41		48.31	.467	103.49	22.57
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	7,832	16,779		810,568.41		48.31	.467	103.49	22.57
MEDICAL SUPPLIES	218	8,318		20,184.52		2.43	.232	92.59	.56
@DENTIST	967	4,634	\$	171,900.75	\$	37.10	.129	\$ 177.77	\$ 4.79
VISITS - DIAGNOSTIC	589	2,761		38,140.50		13.81	.077	64.75	1.06
ORAL SURGERY	122	235		14,151.00		60.22	.007	115.99	.39
DRUGS	26	26		575.00		22.12	.001	22.12	.02
ANESTHESIA	11	11		1,100.00		100.00	.000	100.00	.03
PERIODONTICS	27	27		4,365.00		161.67	.001	161.67	.12
ENDODONTICS	86	188		20,070.00		106.76	.005	233.37	.56
RESTORATIVE DENTISTRY	381	1,195		75,241.25		62.96	.033	197.48	2.09
PROSTHETICS	1	1		30.00		30.00	.000	30.00	.00
DENTURES, STAYPLATES	7	14		2,133.00		152.36	.000	304.71	.06
SPACE MAINTAINERS	5	6		480.00		80.00	.000	96.00	.01
MAXILLOFACIAL SERVICES	7	7		340.00		48.57	.000	48.57	.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	116	152		14,825.00		97.53	.004	127.80	.41
ALL OTHER SERVICES	15	11		450.00		40.91	.000	30.00	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
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35,919 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE	
@OPTOMETRIST	255	660	\$ 15,783.86	\$ 23.91	.018	\$ 61.90	\$ .44
DIAGNOSTIC AND ANC. PROCED	182	184	8,449.47	45.92	.005	46.43	.24
EYE APPLIANCES	171	470	7,186.24	15.29	.013	42.02	.20
OTHER OPTOMETRIC SERVICES	6	6	148.15	24.69	.000	24.69	.00
@CHIROPRACTOR	11	19	\$ 305.14	\$ 16.06	.001	\$ 27.74	\$ .01
VISITS	11	19	305.14	16.06	.001	27.74	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	13	25	\$ 486.96	\$ 19.48	.001	\$ 37.46	\$ .01
MEDICINE/INJECTIONS	9	11	266.95	24.27	.000	29.66	.01
SURGERY/ANES.	2	3	148.29	49.43	.000	74.15	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	11	71.72	6.52	.000	23.91	.00
@HOME HEALTH AGENCY	108	146	\$ 8,480.04	\$ 58.08	.004	\$ 78.52	\$ .24
NURSE ANESTHESIST	84	451	\$ 8,517.46	\$ 18.89	.013	\$ 101.40	\$ .24
NURSE MIDWIFE	3	10	\$ 937.40	\$ 93.74	.000	\$ 312.47	\$ .03
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	4	10	\$ 171.96	\$ 17.20	.000	\$ 42.99	\$ .00
@TOTAL HOSPITAL	3,523	14,127	\$ 2,025,477.14	\$ 143.38	.393	\$ 574.93	\$ 56.39
HOSP INPATIENT TOTAL	260	1,222	1,681,608.57	1376.11	.034	6467.73	46.82
HSC HOSPITALS	42	431	600,094.03	1392.33	.012	14287.95	16.71
NON-HSC HOSPITAL TOTAL	217	780	1,079,022.54	1383.36	.022	4972.45	30.04
ACCOMMODATIONS	217	780	256,990.09	329.47	.022	1184.29	7.15
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	217	780	256,990.09	329.47	.022	1184.29	7.15
ANCILLARIES	217	0	822,032.45	.00	.000	3788.17	22.89
INPATIENT CROSSOVERS	3	11	2,492.00	226.55	.000	830.67	.07
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,384	12,905	343,868.57	26.65	.359	101.62	9.57
MEDICAL	483	685	26,833.92	39.17	.019	55.56	.75
SURGERY	240	258	11,793.57	45.71	.007	49.14	.33
PATHOLOGY	1,946	5,177	55,237.25	10.67	.144	28.39	1.54

RADIOLOGY	1,142	1,813	87,608.69	48.32	.050	76.72	2.44
ROOM USE	1,956	2,550	111,461.47	43.71	.071	56.98	3.10
CROSSOVERS/ALL OTH OUTPTNT	1,232	2,422	50,933.67	21.03	.067	41.34	1.42
@COUNTY HOSPITAL TOTAL	11	61	\$ 25,728.23	\$ 421.77	.002	\$ 2338.93	\$ .72
CO HOSPITAL INPATIENT TOTAL	2	22	24,200.03	1100.00	.001	12100.02	.67
HSC HOSPITALS	2	22	24,200.03	1100.00	.001	12100.02	.67
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	10	39	1,528.20	39.18	.001	152.82	.04
MEDICAL	2	2	99.32	49.66	.000	49.66	.00
SURGERY	3	5	127.95	25.59	.000	42.65	.00
PATHOLOGY	3	9	190.62	21.18	.000	63.54	.01
RADIOLOGY	1	1	143.29	143.29	.000	143.29	.00
ROOM USE	7	12	415.35	34.61	.000	59.34	.01
CROSSOVERS/ALL OTH OUTPTNT	7	10	551.67	55.17	.000	78.81	.02
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COLUSA COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES						

					----- MONTHLY AVERAGE -----			
35,919 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	3,513	14,066	\$ 1,999,748.91	\$ 142.17	.392	\$ 569.24	\$ 55.67	
COMM HOSP INPATIENT TOTAL	259	1,200	1,657,408.54	1381.17	.033	6399.26	46.14	
HSC HOSPITALS	40	409	575,894.00	1408.05	.011	14397.35	16.03	
NON-HSC HOSPITALS TOTAL	217	780	1,079,022.54	1383.36	.022	4972.45	30.04	
ACCOMMODATIONS	217	780	256,990.09	329.47	.022	1184.29	7.15	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	217	780	256,990.09	329.47	.022	1184.29	7.15	
ANCILLARIES	217	0	822,032.45	.00	.000	3788.17	22.89	
INPATIENT CROSSOVERS	3	11	2,492.00	226.55	.000	830.67	.07	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	3,374	12,866	342,340.37	26.61	.358	101.46	9.53	
MEDICAL	481	683	26,734.60	39.14	.019	55.58	.74	
SURGERY	237	253	11,665.62	46.11	.007	49.22	.32	
PATHOLOGY	1,943	5,168	55,046.63	10.65	.144	28.33	1.53	
RADIOLOGY	1,141	1,812	87,465.40	48.27	.050	76.66	2.44	
ROOM USE	1,949	2,538	111,046.12	43.75	.071	56.98	3.09	
CROSSOVERS/ALL OTH OUTPTNT	1,225	2,412	50,382.00	20.89	.067	41.13	1.40	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	14	303	\$ 12,120.47	\$ 40.00	.008	\$ 865.75	\$ .34	

HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	14	303		12,120.47		40.00	.008	865.75	.34
@REHABILITATION FACILITY	5	21	\$	773.21	\$	36.82	.001	154.64	.02
HOSPITAL BASED	4	10		597.44		59.74	.000	149.36	.02
INDEPENDENT FACILITY	1	11		175.77		15.98	.000	175.77	.00
@LABORATORY FACILITY	1,192	3,776	\$	59,279.04	\$	15.70	.105	49.73	1.65
PATHOLOGY	1,192	3,776		59,279.04		15.70	.105	49.73	1.65
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5,536	8,737	\$	710,403.75	\$	81.31	.243	128.32	19.78
CLINIC	125	353		13,692.83		38.79	.010	109.54	.38
SURGICENTER	41	262		9,181.65		35.04	.007	223.94	.26
HEROIN DETOX CLINIC	1	20		231.69		11.58	.001	231.69	.01
RURAL HEALTH CLINIC	5,399	8,102		687,297.58		84.83	.226	127.30	19.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 1,832
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COLUSA COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES								

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
35,919 ELIGIBLES							
@ALL OTHER PROVIDERS	1,253	14,143	\$ 142,000.11	\$ 10.04	.394	\$ 113.33	\$ 3.95
DURABLE MED. EQUIP.	58	74	13,348.59	180.39	.002	230.15	.37
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.000	25.00	.00
MEDICAL TRANSPORTATION	194	8,513	68,806.94	8.08	.237	354.67	1.92
AMBULANCES/AIR TRANS	187	3,313	36,691.56	11.08	.092	196.21	1.02
OTHER TRANS	4	5,093	9,106.42	1.79	.142	2276.61	.25
OTHER SERVICES	14	107	23,008.96	215.04	.003	1643.50	.64
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	20.30	.00	.000	.00	.00
GENETIC DISEASE TESTING	46	46	4,727.50	102.77	.001	102.77	.13
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	240	509	4,957.74	9.74	.014	20.66	.14
PHYSICAL THERAPIST	1	1	34.84	34.84	.000	34.84	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	19	32	1,845.71	57.68	.001	97.14	.05
PROSTHETICS	17	30	1,660.52	55.35	.001	97.68	.05
ORTHOTICS	2	2	185.19	92.60	.000	92.60	.01
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	20	37	1,536.69	41.53	.001	76.83	.04
HOSPICE SERVICES	1	34	4,159.22	122.33	.001	4159.22	.12
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	673	3,896	40,946.68	10.51	.108	60.84	1.14
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	1,000	1,590.90	1.59	.028	176.77	.04
@CALIF. CHILDREN SERVICES*	147	1,618	\$ 469,097.91	\$ 289.92	.045	\$ 3191.14	\$ 13.06
@XOVER EXCLUDING STATE HOSP**	57	1,194	\$ 15,035.99	\$ 12.59	.033	\$ 263.79	\$ .42

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 1,833
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COLUSA COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT								

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
981 ELIGIBLES							
@TOTAL, ALL PROVIDERS	495	1,691	\$ 104,578.12	\$ 61.84	1.724	\$ 211.27	\$ 106.60
@PHYSICIANS SERVICES	161	318	\$ 14,315.64	\$ 45.02	.324	\$ 88.92	\$ 14.59

OUTPATIENT VISITS	128	182		6,242.31	34.30	.186	48.77	6.36
OFFICE VISITS	98	136		3,854.36	28.34	.139	39.33	3.93
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	24	25		1,352.50	54.10	.025	56.35	1.38
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	9	21		1,035.45	49.31	.021	115.05	1.06
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	8	25		983.62	39.34	.025	122.95	1.00
HOSPITAL VISITS	8	25		983.62	39.34	.025	122.95	1.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	34		4,383.21	128.92	.035	487.02	4.47
PRINCIPAL SURGEON	4	4		3,404.98	851.25	.004	851.25	3.47
ASSISTANT SURGEON	2	2		262.45	131.23	.002	131.23	.27
ANESTHESIOLOGIST	4	28		715.78	25.56	.029	178.95	.73
OUTPATIENT SURGERY	12	25		1,726.50	69.06	.025	143.88	1.76
PRINCIPAL SURGEON	10	11		1,403.70	127.61	.011	140.37	1.43
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	14		322.80	23.06	.014	161.40	.33
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	17	18		67.58	3.75	.018	3.98	.07
RADIOLOGY	10	14		369.03	26.36	.014	36.90	.38
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		6.55	6.55	.001	6.55	.01
OTHER SERVICES/ALL X-OVERS	13	19		536.84	28.25	.019	41.30	.55
@PHARMACY	228	435	\$	17,019.92	\$ 39.13	.443	\$ 74.65	\$ 17.35
PRESCRIPTION DRUGS	223	419		16,789.30	40.07	.427	75.29	17.11
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	223	419		16,789.30	40.07	.427	75.29	17.11
MEDICAL SUPPLIES	12	16		230.62	14.41	.016	19.22	.24
@DENTIST	26	180	\$	7,463.00	\$ 41.46	.183	\$ 287.04	\$ 7.61
VISITS - DIAGNOSTIC	18	90		1,474.00	16.38	.092	81.89	1.50
ORAL SURGERY	4	10		849.00	84.90	.010	212.25	.87
DRUGS	2	2		45.00	22.50	.002	22.50	.05
ANESTHESIA	1	1		100.00	100.00	.001	100.00	.10
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	3	12		1,041.00	86.75	.012	347.00	1.06
RESTORATIVE DENTISTRY	11	59		3,764.00	63.80	.060	342.18	3.84
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	1		120.00	120.00	.001	120.00	.12
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	4	4		70.00	17.50	.004	17.50	.07
ALL OTHER SERVICES	1	1		.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 1,834
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COLUSA COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT							

	981 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1		2 \$	32.08	\$ 16.04	.002	\$ 32.08	\$ .03
DIAGNOSTIC AND ANC. PROCED	0		0	.00	.00	.000	.00	.00
EYE APPLIANCES	1		2	32.08	16.04	.002	32.08	.03
OTHER OPTOMETRIC SERVICES	0		0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0		0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0		0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	6	6	\$	314.97	\$ 52.50	.006	\$ 52.50	\$ .32
NURSE ANESTHESIST	1	3	\$	38.01	\$ 12.67	.003	\$ 38.01	\$ .04
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	107	419	\$	43,757.13	\$ 104.43	.427	\$ 408.95	\$ 44.60
HOSP INPATIENT TOTAL	10	28		35,005.16	1250.18	.029	3500.52	35.68
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	10	28		35,005.16	1250.18	.029	3500.52	35.68
ACCOMMODATIONS	10	28		8,417.96	300.64	.029	841.80	8.58

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	28	8,417.96	300.64	.029	841.80	8.58
ANCILLARIES	10	0	26,587.20	.00	.000	2658.72	27.10
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	99	391	8,751.97	22.38	.399	88.40	8.92
MEDICAL	14	19	596.18	31.38	.019	42.58	.61
SURGERY	3	4	78.14	19.54	.004	26.05	.08
PATHOLOGY	69	166	1,794.57	10.81	.169	26.01	1.83
RADIOLOGY	33	41	2,024.44	49.38	.042	61.35	2.06
ROOM USE	66	77	3,165.11	41.11	.078	47.96	3.23
CROSSOVERS/ALL OTH OUTPTNT	54	84	1,093.53	13.02	.086	20.25	1.11
@COUNTY HOSPITAL TOTAL	2	18	\$ 486.11	\$ 27.01	.018	\$ 243.06	\$ .50
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	18	486.11	27.01	.018	243.06	.50
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	2	57.32	28.66	.002	57.32	.06
PATHOLOGY	1	7	132.07	18.87	.007	132.07	.13
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	4	246.39	61.60	.004	246.39	.25
CROSSOVERS/ALL OTH OUTPTNT	2	5	50.33	10.07	.005	25.17	.05

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981 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	105	401	\$ 43,271.02	\$ 107.91	.409	\$ 412.10	\$ 44.11
COMM HOSP INPATIENT TOTAL	10	28	35,005.16	1250.18	.029	3500.52	35.68
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	10	28	35,005.16	1250.18	.029	3500.52	35.68
ACCOMMODATIONS	10	28	8,417.96	300.64	.029	841.80	8.58
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	28	8,417.96	300.64	.029	841.80	8.58
ANCILLARIES	10	0	26,587.20	.00	.000	2658.72	27.10
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	97	373	8,265.86	22.16	.380	85.22	8.43
MEDICAL	14	19	596.18	31.38	.019	42.58	.61
SURGERY	2	2	20.82	10.41	.002	10.41	.02
PATHOLOGY	68	159	1,662.50	10.46	.162	24.45	1.69
RADIOLOGY	33	41	2,024.44	49.38	.042	61.35	2.06
ROOM USE	65	73	2,918.72	39.98	.074	44.90	2.98
CROSSOVERS/ALL OTH OUTPTNT	52	79	1,043.20	13.21	.081	20.06	1.06
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00



THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
@PHYSICIANS SERVICES	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
OUTPATIENT VISITS	0		0	.00	.00	.000	.00	.00		
OFFICE VISITS	0		0	.00	.00	.000	.00	.00		
HOME VISITS	0		0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	0		0	.00	.00	.000	.00	.00		
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0		0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	0		0	.00	.00	.000	.00	.00		
INPATIENT VISITS	0		0	.00	.00	.000	.00	.00		
HOSPITAL VISITS	0		0	.00	.00	.000	.00	.00		
CRITICAL CARE	0		0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	0		0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	0		0	.00	.00	.000	.00	.00		
EXAMINATIONS	0		0	.00	.00	.000	.00	.00		
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	0		0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00		
OUTPATIENT SURGERY	0		0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00		
DIALYSIS	0		0	.00	.00	.000	.00	.00		
PATHOLOGY	0		0	.00	.00	.000	.00	.00		
RADIOLOGY	0		0	.00	.00	.000	.00	.00		
PSYCHIATRY	0		0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	0		0	.00	.00	.000	.00	.00		
OTHER SERVICES/ALL X-OVERS	0		0	.00	.00	.000	.00	.00		
@PHARMACY	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
PRESCRIPTION DRUGS	0		0	.00	.00	.000	.00	.00		
SNF/ICF	0		0	.00	.00	.000	.00	.00		
OUTPATIENTS	0		0	.00	.00	.000	.00	.00		
MEDICAL SUPPLIES	0		0	.00	.00	.000	.00	.00		
@DENTIST	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
VISITS - DIAGNOSTIC	0		0	.00	.00	.000	.00	.00		
ORAL SURGERY	0		0	.00	.00	.000	.00	.00		
DRUGS	0		0	.00	.00	.000	.00	.00		
ANESTHESIA	0		0	.00	.00	.000	.00	.00		
PERIODONTICS	0		0	.00	.00	.000	.00	.00		
ENDODONTICS	0		0	.00	.00	.000	.00	.00		
RESTORATIVE DENTISTRY	0		0	.00	.00	.000	.00	.00		
PROSTHETICS	0		0	.00	.00	.000	.00	.00		
DENTURES, STAYPLATES	0		0	.00	.00	.000	.00	.00		
SPACE MAINTAINERS	0		0	.00	.00	.000	.00	.00		
MAXILLOFACIAL SERVICES	0		0	.00	.00	.000	.00	.00		
FRACTURES, DISLOCATIONS	0		0	.00	.00	.000	.00	.00		
ORTHODONTIC SERVICES	0		0	.00	.00	.000	.00	.00		
ALL OTHER SERVICES	0		0	.00	.00	.000	.00	.00		

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## COLUSA COUNTY

## SUMMARY OF SERVICES FOR RENAL DIALYSIS

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.000	\$	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,841
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES 73			
				PER UNIT/DAY	PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,842
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73						
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,843
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						AID CODES 73
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,844

MOP024  
COLUSA COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

AID CODES 73

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 1,845

MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04

COLUSA COUNTY

SUMMARY OF SERVICES FOR IRCA ALIENS

AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,846  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR IRCA ALIENS      AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,847  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 COLUSA COUNTY      SUMMARY OF SERVICES FOR IRCA ALIENS      AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,848  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR IRCA ALIENS      AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.000		.00
BLOOD BANK	0	0		.00	.000		.00
HEARING AID DISPENSERS	0	0		.00	.000		.00
MEDICAL TRANSPORTATION	0	0		.00	.000		.00
AMBULANCES/AIR TRANS	0	0		.00	.000		.00
OTHER TRANS	0	0		.00	.000		.00
OTHER SERVICES	0	0		.00	.000		.00
ACUPUNCTURE	0	0		.00	.000		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000		.00
GENETIC DISEASE TESTING	0	0		.00	.000		.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000		.00
OCCUPATIONAL THERAPIST	0	0		.00	.000		.00
OPTICIAN	0	0		.00	.000		.00
PHYSICAL THERAPIST	0	0		.00	.000		.00
PORTABLE X-RAY	0	0		.00	.000		.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000		.00
PROSTHETICS	0	0		.00	.000		.00
ORTHOTICS	0	0		.00	.000		.00
PSYCHOLOGIST	0	0		.00	.000		.00
SPEECH AND AUDIOLOGY	0	0		.00	.000		.00
HOSPICE SERVICES	0	0		.00	.000		.00
NONINST BIRTHING CENTERS	0	0		.00	.000		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.000		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000		.00
RESPIRATORY CARE PRACT.	0	0		.00	.000		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.000		.00
ALL OTHER PROVIDERS	0	0		.00	.000		.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	.000	\$	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,849  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

625 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	267	1,335	\$	177,283.87	2.136	\$	283.65
@PHYSICIANS SERVICES	118	303	\$	29,406.77	.485	\$	47.05
OUTPATIENT VISITS	43	75		4,985.45	.120		7.98
OFFICE VISITS	19	20		801.30	.032		1.28
HOME VISITS	0	0		.00	.000		.00
EMERGENCY ROOM	3	3		221.03	.005		.35

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	27	51	3,936.30	77.18	.082	145.79	6.30
OTHER OUTPATIENT	1	1	26.82	26.82	.002	26.82	.04
INPATIENT VISITS	20	56	2,281.40	40.74	.090	114.07	3.65
HOSPITAL VISITS	20	56	2,281.40	40.74	.090	114.07	3.65
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	24	48	19,272.16	401.50	.077	803.01	30.84
PRINCIPAL SURGEON	20	21	18,080.85	860.99	.034	904.04	28.93
ASSISTANT SURGEON	3	3	559.50	186.50	.005	186.50	.90
ANESTHESIOLOGIST	3	24	631.81	26.33	.038	210.60	1.01
OUTPATIENT SURGERY	15	25	360.96	14.44	.040	24.06	.58
PRINCIPAL SURGEON	15	25	360.96	14.44	.040	24.06	.58

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	4	4		660.04	165.01	.006	165.01	1.06
PATHOLOGY	40	57		332.97	5.84	.091	8.32	.53
RADIOLOGY	20	25		1,063.16	42.53	.040	53.16	1.70
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	3		15.09	5.03	.005	7.55	.02
OTHER SERVICES/ALL X-OVERS	6	10		435.54	43.55	.016	72.59	.70
@PHARMACY	95	179	\$	3,894.39	\$ 21.76	.286	\$ 40.99	\$ 6.23
PRESCRIPTION DRUGS	94	176		3,810.85	21.65	.282	40.54	6.10
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	94	176		3,810.85	21.65	.282	40.54	6.10
MEDICAL SUPPLIES	2	3		83.54	27.85	.005	41.77	.13
@DENTIST	1	2	\$	55.00	\$ 27.50	.003	\$ 55.00	\$ .09
VISITS - DIAGNOSTIC	1	2		55.00	27.50	.003	55.00	.09
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

PAGE 1,850 01/29/04

625 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	13	14	\$ 690.20	\$ 49.30	.022	\$ 53.09	\$ 1.10
NURSE ANESTHESIST	4	21	\$ 455.88	\$ 21.71	.034	\$ 113.97	\$ .73
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	131	536	\$ 129,303.64	\$ 241.24	.858	\$ 987.05	\$ 206.89
HOSP INPATIENT TOTAL	19	92	117,638.53	1278.68	.147	6191.50	188.22
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	19	92	117,638.53	1278.68	.147	6191.50	188.22
ACCOMMODATIONS	19	92	26,353.45	286.45	.147	1387.02	42.17
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	92	26,353.45	286.45	.147	1387.02	42.17
ANCILLARIES	19	0	91,285.08	.00	.000	4804.48	146.06

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	126	444	11,665.11	26.27	.710	92.58	18.66
MEDICAL	6	6	425.29	70.88	.010	70.88	.68
SURGERY	6	6	167.56	27.93	.010	27.93	.27
PATHOLOGY	83	238	2,354.94	9.89	.381	28.37	3.77
RADIOLOGY	54	69	4,470.19	64.79	.110	82.78	7.15
ROOM USE	41	54	2,859.42	52.95	.086	69.74	4.58
CROSSOVERS/ALL OTH OUTPTNT	32	71	1,387.71	19.55	.114	43.37	2.22
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,851
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F						

625 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	131	536	\$ 129,303.64	\$ 241.24	.858	\$ 987.05	\$ 206.89
COMM HOSP INPATIENT TOTAL	19	92	117,638.53	1278.68	.147	6191.50	188.22
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	19	92	117,638.53	1278.68	.147	6191.50	188.22
ACCOMMODATIONS	19	92	26,353.45	286.45	.147	1387.02	42.17
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	92	26,353.45	286.45	.147	1387.02	42.17
ANCILLARIES	19	0	91,285.08	.00	.000	4804.48	146.06
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	126	444	11,665.11	26.27	.710	92.58	18.66
MEDICAL	6	6	425.29	70.88	.010	70.88	.68
SURGERY	6	6	167.56	27.93	.010	27.93	.27
PATHOLOGY	83	238	2,354.94	9.89	.381	28.37	3.77
RADIOLOGY	54	69	4,470.19	64.79	.110	82.78	7.15
ROOM USE	41	54	2,859.42	52.95	.086	69.74	4.58
CROSSOVERS/ALL OTH OUTPTNT	32	71	1,387.71	19.55	.114	43.37	2.22
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00	
ICF DDH	0	0		.00		.00	.000	.00	.00	
ICF DD	0	0		.00		.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	1	43	\$	2,978.25	\$	69.26	.069	\$ 2978.25	\$ 4.77	
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
HEMODIALYSIS CENTER	1	43		2,978.25		69.26	.069	2978.25	4.77	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00	
@LABORATORY FACILITY	62	157	\$	2,851.21	\$	18.16	.251	\$ 45.99	\$ 4.56	
PATHOLOGY	62	157		2,851.21		18.16	.251	45.99	4.56	
XO AND OTHERS	0	0		.00		.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	22	40	\$	3,654.17	\$	91.35	.064	\$ 166.10	\$ 5.85	
CLINIC	4	16		1,218.18		76.14	.026	304.55	1.95	
SURGICENTER	0	0		.00		.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00	
RURAL HEALTH CLINIC	18	24		2,435.99		101.50	.038	135.33	3.90	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									PAGE 1,852
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F									

625 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	19	40	\$ 3,994.36	\$ 99.86	.064	\$ 210.23	\$ 6.39
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	18	2,077.78	115.43	.029	1038.89	3.32
AMBULANCES/AIR TRANS	2	17	277.78	16.34	.027	138.89	.44
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.002	1800.00	2.88
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	16	16	1,680.00	105.00	.026	105.00	2.69
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	6	236.58	39.43	.010	236.58	.38
PROSTHETICS	1	6	236.58	39.43	.010	236.58	.38
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	1	\$ 26.82	\$ 26.82	.002	\$ 26.82	\$ .04
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,853
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04

## COLUSA COUNTY

## SUMMARY OF SERVICES FOR REFUGEES

AID CODES 01 02 08 0A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR REFUGEES

MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 1,854

01/29/04

AID CODES 01 02 08 0A

00 ELIGIBLES

USERS

UNITS OF SERVICE  
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST  
PER UNIT/DAYMONTHLY AVERAGE  
UNITS/DAYS  
PER ELIGCOST PER  
USERCOST PER  
ELIGIBLE

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 1,855
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR REFUGEES										AID CODES 01 02 08 0A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	.00	.000	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
MENTALLY ILL	0	0		.00		.00	.000		.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
LEV B-REGULAR	0	0		.00		.00	.000		.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
ICF DDH	0	0		.00		.00	.000		.00	.00
ICF DD	0	0		.00		.00	.000		.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000		.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
PATHOLOGY	0	0		.00		.00	.000		.00	.00
XO AND OTHERS	0	0		.00		.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
CLINIC	0	0		.00		.00	.000		.00	.00
SURGICENTER	0	0		.00		.00	.000		.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00	.00

#CALIF DEPT OF HEALTH SERV  
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR REFUGEES

PAGE 1,856  
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.000	\$	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,857
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL	AID CODES 0M 0N 0P

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	18	281	\$ 16,439.20	\$ 58.50	20.071	\$ 913.29	\$ 1174.23
@PHYSICIANS SERVICES	13	152	\$ 4,287.34	\$ 28.21	10.857	\$ 329.80	\$ 306.24
OUTPATIENT VISITS	10	18	680.88	37.83	1.286	68.09	48.63
OFFICE VISITS	9	17	666.40	39.20	1.214	74.04	47.60
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	14.48	14.48	.071	14.48	1.03
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	17	1,174.14	69.07	1.214	391.38	83.87
PRINCIPAL SURGEON	1	1	810.72	810.72	.071	810.72	57.91
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	16	363.42	22.71	1.143	181.71	25.96
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	14	1,070.31	76.45	1.000	356.77	76.45
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	89	890.50	10.01	6.357	445.25	63.61
OTHER SERVICES/ALL X-OVERS	6	14	471.51	33.68	1.000	78.59	33.68
@PHARMACY	13	34	\$ 3,095.72	\$ 91.05	2.429	\$ 238.13	\$ 221.12
PRESCRIPTION DRUGS	13	34	3,095.72	91.05	2.429	238.13	221.12
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	13	34	3,095.72	91.05	2.429	238.13	221.12
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,858  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR    BCCTP-FEDERAL      AID CODES 0M 0N 0P

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	11	82	\$ 8,903.13	\$ 108.57	5.857	\$ 809.38	\$ 635.94
HOSP INPATIENT TOTAL	1	3	4,969.26	1656.42	.214	4969.26	354.95
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	3	4,969.26	1656.42	.214	4969.26	354.95
ACCOMMODATIONS	1	3	1,321.83	440.61	.214	1321.83	94.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,321.83	440.61	.214	1321.83	94.42
ANCILLARIES	1	0	3,647.43	.00	.000	3647.43	260.53
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11	79	3,933.87	49.80	5.643	357.62	280.99
MEDICAL	4	4	196.74	49.19	.286	49.19	14.05
SURGERY	2	2	183.62	91.81	.143	91.81	13.12
PATHOLOGY	3	7	387.79	55.40	.500	129.26	27.70
RADIOLOGY	5	47	2,602.49	55.37	3.357	520.50	185.89
ROOM USE	4	13	482.93	37.15	.929	120.73	34.50
CROSSOVERS/ALL OTH OUTPTNT	3	6	80.30	13.38	.429	26.77	5.74
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,859  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR BCCTP-FEDERAL      AID CODES 0M 0N 0P

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	82 \$	8,903.13	\$ 108.57	5.857	\$ 809.38	\$ 635.94
COMM HOSP INPATIENT TOTAL	1	3	4,969.26	1656.42	.214	4969.26	354.95
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3	4,969.26	1656.42	.214	4969.26	354.95
ACCOMMODATIONS	1	3	1,321.83	440.61	.214	1321.83	94.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	1	3		1,321.83	440.61	.214	1321.83	94.42
ANCILLARIES	1	0		3,647.43	.00	.000	3647.43	260.53
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	79		3,933.87	49.80	5.643	357.62	280.99
MEDICAL	4	4		196.74	49.19	.286	49.19	14.05
SURGERY	2	2		183.62	91.81	.143	91.81	13.12
PATHOLOGY	3	7		387.79	55.40	.500	129.26	27.70
RADIOLOGY	5	47		2,602.49	55.37	3.357	520.50	185.89
ROOM USE	4	13		482.93	37.15	.929	120.73	34.50
CROSSOVERS/ALL OTH OUTPTNT	3	6		80.30	13.38	.429	26.77	5.74
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	13	\$	153.01	\$ 11.77	.929	\$ 38.25	\$ 10.93
PATHOLOGY	4	13		153.01	11.77	.929	38.25	10.93
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,860  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR BCCTP-FEDERAL      AID CODES 0M 0N 0P

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,861
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY	AID CODES 0R 0T 0U 0V	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5	35	\$ 4,924.88	\$ 140.71	.000	\$ 984.98	\$ .00
@PHYSICIANS SERVICES	3	12	\$ 306.91	\$ 25.58	.000	\$ 102.30	\$ .00
OUTPATIENT VISITS	3	6	173.12	28.85	.000	57.71	.00
OFFICE VISITS	1	2	48.00	24.00	.000	48.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	4	125.12	31.28	.000	62.56	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	106.00	35.33	.000	106.00	.00
RADIOLOGY	1	2	15.49	7.75	.000	15.49	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	12.30	12.30	.000	12.30	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,862 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04 COLUSA COUNTY      SUMMARY OF SERVICES FOR      BCCTP-STATE-ONLY      AID CODES 0R 0T 0U 0V							
----- MONTHLY AVERAGE -----							
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	3	22	\$ 4,544.48	\$ 206.57	.000	\$ 1514.83	\$ .00
HOSP INPATIENT TOTAL	1	3	3,618.00	1206.00	.000	3618.00	.00
HSC HOSPITALS	1	3	3,618.00	1206.00	.000	3618.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	19	926.48	48.76	.000	308.83	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	6	66.86	11.14	.000	66.86	.00
RADIOLOGY	2	4	480.18	120.05	.000	240.09	.00
ROOM USE	3	7	345.39	49.34	.000	115.13	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2	34.05	17.03	.000	34.05	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,863  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY      AID CODES 0R 0T 0U 0V

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	22	\$ 4,544.48	\$ 206.57	.000	\$ 1514.83	\$ .00
COMM HOSP INPATIENT TOTAL	1	3	3,618.00	1206.00	.000	3618.00	.00
HSC HOSPITALS	1	3	3,618.00	1206.00	.000	3618.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	19	926.48	48.76	.000	308.83	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	6	66.86	11.14	.000	66.86	.00
RADIOLOGY	2	4	480.18	120.05	.000	240.09	.00
ROOM USE	3	7	345.39	49.34	.000	115.13	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2	34.05	17.03	.000	34.05	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	1	1	\$	73.49	\$	73.49	.000	\$	73.49	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		73.49		73.49	.000		73.49		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,864  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY      AID CODES 0R 0T 0U 0V

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.000		.00
BLOOD BANK	0	0		.00	.000		.00
HEARING AID DISPENSERS	0	0		.00	.000		.00
MEDICAL TRANSPORTATION	0	0		.00	.000		.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,865
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL		

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	23	316	\$ 21,364.08	\$ 67.61	22.571	\$ 928.87	\$ 1526.01
@PHYSICIANS SERVICES	16	164	\$ 4,594.25	\$ 28.01	11.714	\$ 287.14	\$ 328.16
OUTPATIENT VISITS	13	24	854.00	35.58	1.714	65.69	61.00
OFFICE VISITS	10	19	714.40	37.60	1.357	71.44	51.03
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	5	139.60	27.92	.357	46.53	9.97
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	17	1,174.14	69.07	1.214	391.38	83.87
PRINCIPAL SURGEON	1	1	810.72	810.72	.071	810.72	57.91
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	16	363.42	22.71	1.143	181.71	25.96
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	106.00	35.33	.214	106.00	7.57

RADIOLOGY	4	16		1,085.80		67.86	1.143	271.45	77.56
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	89		890.50		10.01	6.357	445.25	63.61
OTHER SERVICES/ALL X-OVERS	7	15		483.81		32.25	1.071	69.12	34.56
@PHARMACY	13	34	\$	3,095.72	\$	91.05	2.429	238.13	221.12
PRESCRIPTION DRUGS	13	34		3,095.72		91.05	2.429	238.13	221.12
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	13	34		3,095.72		91.05	2.429	238.13	221.12
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 1,866
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL								

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	14	104 \$	13,447.61	\$ 129.30	7.429	\$ 960.54	\$ 960.54
HOSP INPATIENT TOTAL	2	6	8,587.26	1431.21	.429	4293.63	613.38
HSC HOSPITALS	1	3	3,618.00	1206.00	.214	3618.00	258.43
NON-HSC HOSPITAL TOTAL	1	3	4,969.26	1656.42	.214	4969.26	354.95
ACCOMMODATIONS	1	3	1,321.83	440.61	.214	1321.83	94.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,321.83	440.61	.214	1321.83	94.42
ANCILLARIES	1	0	3,647.43	.00	.000	3647.43	260.53
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14	98	4,860.35	49.60	7.000	347.17	347.17
MEDICAL	4	4	196.74	49.19	.286	49.19	14.05

SURGERY	2	2	183.62	91.81	.143	91.81	13.12
PATHOLOGY	4	13	454.65	34.97	.929	113.66	32.48
RADIOLOGY	7	51	3,082.67	60.44	3.643	440.38	220.19
ROOM USE	7	20	828.32	41.42	1.429	118.33	59.17
CROSSOVERS/ALL OTH OUTPTNT	4	8	114.35	14.29	.571	28.59	8.17
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,867
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL						

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	104	\$ 13,447.61	\$ 129.30	7.429	\$ 960.54	\$ 960.54
COMM HOSP INPATIENT TOTAL	2	6	8,587.26	1431.21	.429	4293.63	613.38
HSC HOSPITALS	1	3	3,618.00	1206.00	.214	3618.00	258.43
NON-HSC HOSPITALS TOTAL	1	3	4,969.26	1656.42	.214	4969.26	354.95
ACCOMMODATIONS	1	3	1,321.83	440.61	.214	1321.83	94.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,321.83	440.61	.214	1321.83	94.42
ANCILLARIES	1	0	3,647.43	.00	.000	3647.43	260.53
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14	98	4,860.35	49.60	7.000	347.17	347.17
MEDICAL	4	4	196.74	49.19	.286	49.19	14.05
SURGERY	2	2	183.62	91.81	.143	91.81	13.12
PATHOLOGY	4	13	454.65	34.97	.929	113.66	32.48
RADIOLOGY	7	51	3,082.67	60.44	3.643	440.38	220.19
ROOM USE	7	20	828.32	41.42	1.429	118.33	59.17
CROSSOVERS/ALL OTH OUTPTNT	4	8	114.35	14.29	.571	28.59	8.17
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	4	13	\$	153.01	\$	11.77	.929	\$ 38.25	\$ 10.93
PATHOLOGY	4	13		153.01		11.77	.929	38.25	10.93
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	73.49	\$	73.49	.071	\$ 73.49	\$ 5.25
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		73.49		73.49	.071	73.49	5.25

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR BCCTP-TOTAL

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14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR QMB - ONLY

PAGE 1,869  
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59 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	17	586	\$	83,704.37	\$	142.84	9.932	\$	4923.79	\$	1418.72
@PHYSICIANS SERVICES	6	9	\$	131.06	\$	14.56	.153	\$	21.84	\$	2.22
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	9		131.06	14.56	.153	21.84	2.22
@PHARMACY	2	363	\$	834.48	\$ 2.30	6.153	\$ 417.24	\$ 14.14
PRESCRIPTION DRUGS	0	0		.80CR	.00	.000	.00	.01CR
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.80CR	.00	.000	.00	.01CR
MEDICAL SUPPLIES	2	363		835.28	2.30	6.153	417.64	14.16
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,870  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR QMB - ONLY      AID CODE 80

59 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1	1	\$ 4.42	\$ 4.42	.017	\$ 4.42	\$ .07
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	4.42	4.42	.017	4.42	.07
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	4.42	4.42	.017	4.42	.07
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
COLUSA COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY						
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59 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1	\$ 4.42	\$ 4.42	.017	\$ 4.42	\$ .07
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	4.42	4.42	.017	4.42	.07
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	4.42	4.42	.017	4.42	.07
@STATE HOSPITAL	7	212	\$ 82,723.49	\$ 390.21	3.593	\$ 11817.64	\$ 1402.09
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	7	212	82,723.49	390.21	3.593	11817.64	1402.09

@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV											
MOP024											
COLUSA COUNTY											

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR QMB - ONLY

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59 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 10.92	\$ 10.92	.017	\$ 10.92	\$ .19
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	10.92	10.92	.017	10.92	.19
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@XOVER EXCLUDING STATE HOSP\*\* 10 374 \$ 981.68 \$ 2.62 6.339 \$ 98.17 \$ 16.64

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

COLUSA COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM

AID CODES 72 74 8N 8P

1,202 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	507	1,473	\$ 47,712.56	\$ 32.39	1.225	\$ 94.11	\$ 39.69
@PHYSICIANS SERVICES	163	330	\$ 9,145.10	\$ 27.71	.275	\$ 56.10	\$ 7.61
OUTPATIENT VISITS	140	186	5,969.52	32.09	.155	42.64	4.97
OFFICE VISITS	117	152	4,369.90	28.75	.126	37.35	3.64
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	25	32	1,545.95	48.31	.027	61.84	1.29
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	53.67	26.84	.002	26.84	.04
INPATIENT VISITS	1	2	128.63	64.32	.002	128.63	.11
HOSPITAL VISITS	1	2	128.63	64.32	.002	128.63	.11
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	13	48	1,922.98	40.06	.040	147.92	1.60
PRINCIPAL SURGEON	7	8	923.29	115.41	.007	131.90	.77
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	40	999.69	24.99	.033	142.81	.83
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	16	16	38.08	2.38	.013	2.38	.03
RADIOLOGY	9	11	619.21	56.29	.009	68.80	.52
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	13	67	466.68	6.97	.056	35.90	.39
@PHARMACY	260	491	\$ 8,933.33	\$ 18.19	.408	\$ 34.36	\$ 7.43
PRESCRIPTION DRUGS	259	488	8,919.98	18.28	.406	34.44	7.42
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	259	488	8,919.98	18.28	.406	34.44	7.42
MEDICAL SUPPLIES	2	3	13.35	4.45	.002	6.68	.01
@DENTIST	38	147	\$ 4,191.00	\$ 28.51	.122	\$ 110.29	\$ 3.49
VISITS - DIAGNOSTIC	30	96	1,607.00	16.74	.080	53.57	1.34
ORAL SURGERY	4	11	370.00	33.64	.009	92.50	.31
DRUGS	5	5	80.00	16.00	.004	16.00	.07
ANESTHESIA	0	1	100.00	100.00	.001	.00	.08
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	3	213.00	71.00	.002	213.00	.18
RESTORATIVE DENTISTRY	12	29	1,501.00	51.76	.024	125.08	1.25
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	2	2	320.00	160.00	.002	160.00	.27
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 133% PROGRAM

PAGE 1,874  
01/29/04

1,202 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	6	\$ 185.20	\$ 30.87	.005 \$ 61.73	\$ .15
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.002 47.45	.12
EYE APPLIANCES	1	3	42.85	14.28	.002 42.85	.04
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000 \$ .00	\$ .00
VISITS	0	0	.00	.00	.000 .00	.00
OTHER SERVICES	0	0	.00	.00	.000 .00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000 \$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00	.00
SURGERY/ANES.	0	0	.00	.00	.000 .00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	88	264	\$	10,016.03	\$	37.94	\$	113.82
HOSP INPATIENT TOTAL	1	1		2,295.64		2295.64	.001	2295.64
HSC HOSPITALS	0	0		.00		.00	.000	.00
NON-HSC HOSPITAL TOTAL	1	1		2,295.64		2295.64	.001	2295.64
ACCOMMODATIONS	1	1		255.20		255.20	.001	255.20
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
ALL OTHER ACCOM	1	1		255.20		255.20	.001	255.20
ANCILLARIES	1	0		2,040.44		.00	.000	2040.44
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
HOSP OUTPATIENT TOTAL	87	263		7,720.39		29.36	.219	88.74
MEDICAL	11	12		489.62		40.80	.010	44.51
SURGERY	9	9		363.41		40.38	.007	40.38
PATHOLOGY	49	81		859.48		10.61	.067	17.54
RADIOLOGY	23	33		2,133.88		64.66	.027	92.78
ROOM USE	62	77		3,239.58		42.07	.064	52.25
CROSSOVERS/ALL OTH OUTPTNT	36	51		634.42		12.44	.042	17.62
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00
ANCILLARIES	0	0		.00		.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00
MEDICAL	0	0		.00		.00	.000	.00
SURGERY	0	0		.00		.00	.000	.00
PATHOLOGY	0	0		.00		.00	.000	.00
RADIOLOGY	0	0		.00		.00	.000	.00
ROOM USE	0	0		.00		.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00

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COLUSA COUNTY      SUMMARY OF SERVICES FOR 133% PROGRAM      AID CODES 72 74 8N 8P

	1,202 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	88	264	\$	10,016.03	\$ 37.94	.220	\$ 113.82	\$ 8.33
COMM HOSP INPATIENT TOTAL	1	1		2,295.64	2295.64	.001	2295.64	1.91
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	1		2,295.64	2295.64	.001	2295.64	1.91
ACCOMMODATIONS	1	1		255.20	255.20	.001	255.20	.21
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1		255.20	255.20	.001	255.20	.21
ANCILLARIES	1	0		2,040.44	.00	.000	2040.44	1.70
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	87	263		7,720.39		29.36	.219	88.74	6.42
MEDICAL	11	12		489.62		40.80	.010	44.51	.41
SURGERY	9	9		363.41		40.38	.007	40.38	.30
PATHOLOGY	49	81		859.48		10.61	.067	17.54	.72
RADIOLOGY	23	33		2,133.88		64.66	.027	92.78	1.78
ROOM USE	62	77		3,239.58		42.07	.064	52.25	2.70
CROSSOVERS/ALL OTH OUTPTNT	36	51		634.42		12.44	.042	17.62	.53
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	20	51	\$	427.33	\$	8.38	.042	21.37	.36
PATHOLOGY	20	51		427.33		8.38	.042	21.37	.36
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	129	181	\$	14,697.83	\$	81.20	.151	113.94	12.23
CLINIC	1	4		92.89		23.22	.003	92.89	.08
SURGICENTER	2	10		244.41		24.44	.008	122.21	.20
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	126	167		14,360.53		85.99	.139	113.97	11.95

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COLUSA COUNTY      SUMMARY OF SERVICES FOR 133% PROGRAM      AID CODES 72 74 8N 8P

1,202 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	3	\$ 116.74	\$ 38.91	.002	\$ 38.91	\$ .10
DURABLE MED. EQUIP.	1	1	99.99	99.99	.001	99.99	.08
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	2		16.75	8.38	.002	8.38	.01
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	7	\$	1,909.15	\$ 272.74	.006	\$ 954.58	\$ 1.59
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,877
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM	AID CODES 7A 7C 8R 8T	

795 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	197	679	\$ 31,554.33	\$ 46.47	.854	\$ 160.17	\$ 39.69
@PHYSICIANS SERVICES	38	71	\$ 4,217.25	\$ 59.40	.089	\$ 110.98	\$ 5.30
OUTPATIENT VISITS	27	36	934.07	25.95	.045	34.60	1.17
OFFICE VISITS	21	24	730.65	30.44	.030	34.79	.92
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	112.95	56.48	.003	56.48	.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	9	74.67	8.30	.011	24.89	.09
OTHER OUTPATIENT	1	1	15.80	15.80	.001	15.80	.02
INPATIENT VISITS	2	5	197.14	39.43	.006	98.57	.25
HOSPITAL VISITS	2	5	197.14	39.43	.006	98.57	.25
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2	2,177.12	1088.56	.003	1088.56	2.74
PRINCIPAL SURGEON	2	2	2,177.12	1088.56	.003	1088.56	2.74
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	11	469.07	42.64	.014	117.27	.59
PRINCIPAL SURGEON	2	2	227.67	113.84	.003	113.84	.29
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	9	241.40	26.82	.011	120.70	.30
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	4	17.87	4.47	.005	4.47	.02
RADIOLOGY	7	11	399.15	36.29	.014	57.02	.50
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	22.83	11.42	.003	11.42	.03
@PHARMACY	55	90	\$ 4,104.58	\$ 45.61	.113	\$ 74.63	\$ 5.16
PRESCRIPTION DRUGS	55	90	4,104.58	45.61	.113	74.63	5.16
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	55	90	4,104.58	45.61	.113	74.63	5.16
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	21	126	\$ 3,827.00	\$ 30.37	.158	\$ 182.24	\$ 4.81
VISITS - DIAGNOSTIC	16	79	975.00	12.34	.099	60.94	1.23
ORAL SURGERY	3	9	403.00	44.78	.011	134.33	.51
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	330.00	330.00	.001	330.00	.42
RESTORATIVE DENTISTRY	9	31	1,696.00	54.71	.039	188.44	2.13
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	2	240.00	120.00	.003	240.00	.30
MAXILLOFACIAL SERVICES	1	1	48.00	48.00	.001	48.00	.06
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	135.00	67.50	.003	67.50	.17
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,878  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR 100% PROGRAM      AID CODES 7A 7C 8R 8T

795 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 90.30	\$ 22.58	.005	\$ 90.30	\$ .11
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.001	47.45	.06
EYE APPLIANCES	1	3	42.85	14.28	.004	42.85	.05
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	1	7	125.85	17.98	.009	125.85	.16
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	34	92	\$ 9,193.55	\$ 99.93	.116	\$ 270.40	\$ 11.56
HOSP INPATIENT TOTAL	2	7	6,882.28	983.18	.009	3441.14	8.66
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	7	6,882.28	983.18	.009	3441.14	8.66
ACCOMMODATIONS	2	7	1,664.60	237.80	.009	832.30	2.09
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7	1,664.60	237.80	.009	832.30	2.09
ANCILLARIES	2	0	5,217.68	.00	.000	2608.84	6.56
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	33	85	2,311.27	27.19	.107	70.04	2.91
MEDICAL	1	1	8.13	8.13	.001	8.13	.01
SURGERY	7	7	112.47	16.07	.009	16.07	.14
PATHOLOGY	17	28	322.55	11.52	.035	18.97	.41
RADIOLOGY	10	13	852.98	65.61	.016	85.30	1.07
ROOM USE	17	24	858.80	35.78	.030	50.52	1.08
CROSSOVERS/ALL OTH OUTPTNT	5	12	156.34	13.03	.015	31.27	.20
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,879  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 COLUSA COUNTY      SUMMARY OF SERVICES FOR 100% PROGRAM      AID CODES 7A 7C 8R 8T

	795 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		34	92    \$	9,193.55	\$ 99.93	.116	\$ 270.40	\$ 11.56

COMM HOSP INPATIENT TOTAL	2	7		6,882.28	983.18	.009	3441.14	8.66
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	7		6,882.28	983.18	.009	3441.14	8.66
ACCOMMODATIONS	2	7		1,664.60	237.80	.009	832.30	2.09
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7		1,664.60	237.80	.009	832.30	2.09
ANCILLARIES	2	0		5,217.68	.00	.000	2608.84	6.56
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	33	85		2,311.27	27.19	.107	70.04	2.91
MEDICAL	1	1		8.13	8.13	.001	8.13	.01
SURGERY	7	7		112.47	16.07	.009	16.07	.14
PATHOLOGY	17	28		322.55	11.52	.035	18.97	.41
RADIOLOGY	10	13		852.98	65.61	.016	85.30	1.07
ROOM USE	17	24		858.80	35.78	.030	50.52	1.08
CROSSOVERS/ALL OTH OUTPTNT	5	12		156.34	13.03	.015	31.27	.20
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	12	29	\$	381.82	\$ 13.17	.036	\$ 31.82	\$ .48
PATHOLOGY	12	29		381.82	13.17	.036	31.82	.48
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	62	95	\$	7,700.32	\$ 81.06	.119	\$ 124.20	\$ 9.69
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	1	10		244.41	24.44	.013	244.41	.31
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	62	85		7,455.91	87.72	.107	120.26	9.38
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 1,880
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T							

						----- MONTHLY AVERAGE -----			
795 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	29	165	\$	1,913.66	\$ 11.60	.208	\$ 65.99	\$ 2.41	
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00	
OTHER TRANS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.13
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	9	89.46	9.94	.011	22.37	.11
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	24	155	1,719.20	11.09	.195	71.63	2.16
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	5	\$ 93.91	\$ 18.78	.006	\$ 46.96	\$ .12
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,881  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 COLUSA COUNTY      SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	219	410	\$ 15,326.95	\$ 37.38	.000	\$ 69.99	\$ .00
@PHYSICIANS SERVICES	143	205	\$ 9,454.40	\$ 46.12	.000	\$ 66.11	\$ .00
OUTPATIENT VISITS	128	152	9,194.00	60.49	.000	71.83	.00
OFFICE VISITS	81	82	1,537.24	18.75	.000	18.98	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	61	70	7,656.76	109.38	.000	125.52	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	52	53	260.40	4.91	.000	5.01	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00

@PHARMACY	16	25	\$	333.86	\$	13.35	.000	\$	20.87	\$	.00
PRESCRIPTION DRUGS	16	25		333.86		13.35	.000		20.87		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	16	25		333.86		13.35	.000		20.87		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,882  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
						UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	\$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000		.00	.00
EYE APPLIANCES	0	0		.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$	.00	\$ .00
VISITS	0	0		.00	.00	.000		.00	.00
OTHER SERVICES	0	0		.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$	.00	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00	.00
SURGERY/ANES.	0	0		.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00	.00
OTHER	0	0		.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$	.00	\$ .00
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$	.00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$	.00	\$ .00
@TOTAL HOSPITAL	4	8	\$	314.56	\$ 39.32	.000	\$	78.64	\$ .00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000		.00	.00
HSC HOSPITALS	0	0		.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00	.00
ANCILLARIES	0	0		.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	4	8		314.56	39.32	.000		78.64	.00
MEDICAL	0	0		.00	.00	.000		.00	.00
SURGERY	0	0		.00	.00	.000		.00	.00
PATHOLOGY	2	3		65.68	21.89	.000		32.84	.00
RADIOLOGY	2	2		190.12	95.06	.000		95.06	.00
ROOM USE	0	0		.00	.00	.000		.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	1	3		58.76	19.59	.000	58.76	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.000	.00	.00
HSC HOSPITALS	0	0		.00		.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.000	.00	.00
ACCOMMODATIONS	0	0		.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.000	.00	.00
ANCILLARIES	0	0		.00		.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00		.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.000	.00	.00
MEDICAL	0	0		.00		.000	.00	.00
SURGERY	0	0		.00		.000	.00	.00
PATHOLOGY	0	0		.00		.000	.00	.00
RADIOLOGY	0	0		.00		.000	.00	.00
ROOM USE	0	0		.00		.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00		.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,883  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	4	8	\$ 314.56	\$ 39.32	.000	\$ 78.64	\$ .00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	4	8	314.56	39.32	.000	78.64	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	2	3	65.68	21.89	.000	32.84	.00	
RADIOLOGY	2	2	190.12	95.06	.000	95.06	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSEOVERS/ALL OTH OUTPTNT	1	3	58.76	19.59	.000	58.76	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	88	153	\$	3,522.60	\$	23.02	.000	\$	40.03	\$	.00
PATHOLOGY	88	153		3,522.60		23.02	.000		40.03		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	12	14	\$	1,200.53	\$	85.75	.000	\$	100.04	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	12	14		1,200.53		85.75	.000		100.04		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 1,884
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G										
							----- MONTHLY AVERAGE -----				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER		

	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	\$	501.00	\$ 100.20	.000	\$ 100.20 \$ .00
DURABLE MED. EQUIP.	0		.00	.00	.000	.00 .00
BLOOD BANK	0		.00	.00	.000	.00 .00
HEARING AID DISPENSERS	0		.00	.00	.000	.00 .00
MEDICAL TRANSPORTATION	0		.00	.00	.000	.00 .00
AMBULANCES/AIR TRANS	0		.00	.00	.000	.00 .00
OTHER TRANS	0		.00	.00	.000	.00 .00
OTHER SERVICES	0		.00	.00	.000	.00 .00
ACUPUNCTURE	0		.00	.00	.000	.00 .00
ADULT DAY HEALTH CARE CTR	0		.00	.00	.000	.00 .00
GENETIC DISEASE TESTING	5		501.00	100.20	.000	100.20 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		.00	.00	.000	.00 .00
OCCUPATIONAL THERAPIST	0		.00	.00	.000	.00 .00
OPTICIAN	0		.00	.00	.000	.00 .00
PHYSICAL THERAPIST	0		.00	.00	.000	.00 .00
PORTABLE X-RAY	0		.00	.00	.000	.00 .00
PROSTHETIST/ORTHOTISTS	0		.00	.00	.000	.00 .00
PROSTHETICS	0		.00	.00	.000	.00 .00
ORTHOTICS	0		.00	.00	.000	.00 .00
PSYCHOLOGIST	0		.00	.00	.000	.00 .00
SPEECH AND AUDIOLOGY	0		.00	.00	.000	.00 .00
HOSPICE SERVICES	0		.00	.00	.000	.00 .00
NONINST BIRTHING CENTERS	0		.00	.00	.000	.00 .00
LOCAL EDUCATION AGENCIES	0		.00	.00	.000	.00 .00
EPSDT SUPPLEMENTAL SERVICE	0		.00	.00	.000	.00 .00
RESPIRATORY CARE PRACT.	0		.00	.00	.000	.00 .00
PED SUBACUTE REHAB/WEANING	0		.00	.00	.000	.00 .00
ALL OTHER PROVIDERS	0		.00	.00	.000	.00 .00
@CALIF. CHILDREN SERVICES*	0	\$	.00	.00	.000	\$ .00 \$ .00
@XOVER EXCLUDING STATE HOSP**	0	\$	.00	.00	.000	\$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,885  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 COLUSA COUNTY      SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM      AID CODE 7H

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,886  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR      MEDI-CAL TUBERCULOSIS PROGRAM      AID CODE 7H

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,887  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR      MEDI-CAL TUBERCULOSIS PROGRAM      AID CODE 7H

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

PAGE 1,888 01/29/04

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV  
MOP024  
COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

PAGE 1,889  
01/29/04

34 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS	PER ELIG		
@TOTAL, ALL PROVIDERS	44	194	\$ 31,232.86	\$ 160.99	5.706	\$ 709.84	\$ 918.61	
@PHYSICIANS SERVICES	22	55	\$ 4,228.58	\$ 76.88	1.618	\$ 192.21	\$ 124.37	
OUTPATIENT VISITS	12	22	1,368.85	62.22	.647	114.07	40.26	
OFFICE VISITS	5	5	263.22	52.64	.147	52.64	7.74	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	1	1	44.60	44.60	.029	44.60	1.31	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	7	16	1,061.03	66.31	.471	151.58	31.21	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	2	6	227.14	37.86	.176	113.57	6.68	

HOSPITAL VISITS	2	6		227.14		37.86	.176	113.57	6.68
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	6		2,042.44		340.41	.176	510.61	60.07
PRINCIPAL SURGEON	3	3		1,772.52		590.84	.088	590.84	52.13
ASSISTANT SURGEON	1	1		186.50		186.50	.029	186.50	5.49
ANESTHESIOLOGIST	1	2		83.42		41.71	.059	83.42	2.45
OUTPATIENT SURGERY	5	8		394.47		49.31	.235	78.89	11.60
PRINCIPAL SURGEON	4	6		298.76		49.79	.176	74.69	8.79
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	1	2		95.71		47.86	.059	95.71	2.82
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	6	12		101.36		8.45	.353	16.89	2.98
RADIOLOGY	1	1		94.32		94.32	.029	94.32	2.77
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	13	19	\$	241.82	\$	12.73	.559	18.60	7.11
PRESCRIPTION DRUGS	11	17		241.82		14.22	.500	21.98	7.11
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	11	17		241.82		14.22	.500	21.98	7.11
MEDICAL SUPPLIES	2	2		.00		.00	.059	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 1,890
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COLUSA COUNTY	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N								

34 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	2	\$ 104.99	\$ 52.50	.059	\$ 52.50	\$ 3.09
NURSE ANESTHESIST	1	5	\$ 123.64	\$ 24.73	.147	\$ 123.64	\$ 3.64

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	21	75	\$	24,789.75	\$	330.53	2.206	\$	1180.46	\$	729.11
HOSP INPATIENT TOTAL	5	16		22,509.60		1406.85	.471		4501.92		662.05
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	5	16		22,509.60		1406.85	.471		4501.92		662.05
ACCOMMODATIONS	5	16		6,179.20		386.20	.471		1235.84		181.74
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	16		6,179.20		386.20	.471		1235.84		181.74
ANCILLARIES	5	0		16,330.40		.00	.000		3266.08		480.31
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	19	59		2,280.15		38.65	1.735		120.01		67.06
MEDICAL	1	1		7.23		7.23	.029		7.23		.21
SURGERY	1	1		67.50		67.50	.029		67.50		1.99
PATHOLOGY	11	25		284.05		11.36	.735		25.82		8.35
RADIOLOGY	7	7		568.15		81.16	.206		81.16		16.71
ROOM USE	8	11		1,035.84		94.17	.324		129.48		30.47
CROSSOVERS/ALL OTH OUTPTNT	7	14		317.38		22.67	.412		45.34		9.33
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

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34 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	21	75	\$ 24,789.75	\$ 330.53	2.206	\$ 1180.46	\$ 729.11
COMM HOSP INPATIENT TOTAL	5	16	22,509.60	1406.85	.471	4501.92	662.05
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	5	16	22,509.60	1406.85	.471	4501.92	662.05
ACCOMMODATIONS	5	16	6,179.20	386.20	.471	1235.84	181.74
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	16	6,179.20	386.20	.471	1235.84	181.74
ANCILLARIES	5	0	16,330.40	.00	.000	3266.08	480.31
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	19	59	2,280.15	38.65	1.735	120.01	67.06
MEDICAL	1	1	7.23	7.23	.029	7.23	.21
SURGERY	1	1	67.50	67.50	.029	67.50	1.99
PATHOLOGY	11	25	284.05	11.36	.735	25.82	8.35

RADIOLOGY	7	7		568.15		81.16	.206	81.16	16.71
ROOM USE	8	11		1,035.84		94.17	.324	129.48	30.47
CROSSOVERS/ALL OTH OUTPTNT	7	14		317.38		22.67	.412	45.34	9.33
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	6	9	\$	240.07	\$	26.67	.265	\$ 40.01	\$ 7.06
PATHOLOGY	6	9		240.07		26.67	.265	40.01	7.06
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	29	\$	1,504.01	\$	51.86	.853	\$ 167.11	\$ 44.24
CLINIC	3	21		794.25		37.82	.618	264.75	23.36
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	6	8		709.76		88.72	.235	118.29	20.88

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COLUSA COUNTY      SUMMARY OF SERVICES FOR    MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

34 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 COLUSA COUNTY      SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES      AID CODE 38

825 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	456	1,901	\$ 61,426.99	\$ 32.31	2.304	\$ 134.71	\$ 74.46
@PHYSICIANS SERVICES	93	192	\$ 9,438.72	\$ 49.16	.233	\$ 101.49	\$ 11.44
OUTPATIENT VISITS	82	100	3,466.87	34.67	.121	42.28	4.20
OFFICE VISITS	73	87	2,718.23	31.24	.105	37.24	3.29
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	10	11	561.85	51.08	.013	56.19	.68
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2	186.79	93.40	.002	93.40	.23
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	3	152.73	50.91	.004	76.37	.19
EXAMINATIONS	2	3	152.73	50.91	.004	76.37	.19
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	6	10	579.27	57.93	.012	96.55	.70
PRINCIPAL SURGEON	5	6	459.90	76.65	.007	91.98	.56
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	119.37	29.84	.005	119.37	.14
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	12	48.71	4.06	.015	4.87	.06
RADIOLOGY	6	10	655.31	65.53	.012	109.22	.79
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	44	4,215.24	95.80	.053	2107.62	5.11
OTHER SERVICES/ALL X-OVERS	8	13	320.59	24.66	.016	40.07	.39
@PHARMACY	219	775	\$ 20,706.79	\$ 26.72	.939	\$ 94.55	\$ 25.10
PRESCRIPTION DRUGS	214	403	20,211.80	50.15	.488	94.45	24.50
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	214	403	20,211.80	50.15	.488	94.45	24.50
MEDICAL SUPPLIES	6	372	494.99	1.33	.451	82.50	.60
@DENTIST	38	221	\$ 5,423.00	\$ 24.54	.268	\$ 142.71	\$ 6.57
VISITS - DIAGNOSTIC	23	152	1,522.00	10.01	.184	66.17	1.84
ORAL SURGERY	5	6	263.00	43.83	.007	52.60	.32
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.001	200.00	.24
ENDODONTICS	4	8	757.00	94.63	.010	189.25	.92
RESTORATIVE DENTISTRY	13	45	2,121.00	47.13	.055	163.15	2.57
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	9	9	560.00	62.22	.011	62.22	.68
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024  
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
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SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES

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825 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	7	\$ 242.91	\$ 34.70	.008	\$ 60.73	\$ .29
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.005	47.45	.23
EYE APPLIANCES	1	3	53.11	17.70	.004	53.11	.06
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	1	3	\$	51.90	\$	17.30	.004	\$	51.90	\$	.06
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	78	292	\$	8,520.16	\$	29.18	.354	\$	109.23	\$	10.33
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	78	292		8,520.16		29.18	.354		109.23		10.33
MEDICAL	9	16		630.78		39.42	.019		70.09		.76
SURGERY	6	7		500.54		71.51	.008		83.42		.61
PATHOLOGY	39	106		1,268.25		11.96	.128		32.52		1.54
RADIOLOGY	31	50		1,789.60		35.79	.061		57.73		2.17
ROOM USE	39	58		2,508.50		43.25	.070		64.32		3.04
CROSSOVERS/ALL OTH OUTPTNT	30	55		1,822.49		33.14	.067		60.75		2.21
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,895  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR      EDWARDS CASES IN PA-FAMILIES      AID CODE 38

						----- MONTHLY AVERAGE -----			
825 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	78	292	\$ 8,520.16	\$ 29.18	.354	\$ 109.23	\$ 10.33		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00		
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00		

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	78	292	8,520.16	29.18	.354	109.23	10.33
MEDICAL	9	16	630.78	39.42	.019	70.09	.76
SURGERY	6	7	500.54	71.51	.008	83.42	.61
PATHOLOGY	39	106	1,268.25	11.96	.128	32.52	1.54
RADIOLOGY	31	50	1,789.60	35.79	.061	57.73	2.17
ROOM USE	39	58	2,508.50	43.25	.070	64.32	3.04
CROSSOVERS/ALL OTH OUTPTNT	30	55	1,822.49	33.14	.067	60.75	2.21
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	25	70	\$ 1,154.08	\$ 16.49	.085	\$ 46.16	\$ 1.40
PATHOLOGY	25	70	1,154.08	16.49	.085	46.16	1.40
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	129	162	\$ 13,829.42	\$ 85.37	.196	\$ 107.20	\$ 16.76
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	129	162	13,829.42	85.37	.196	107.20	16.76

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES

AID CODE 38

PAGE 1,896 01/29/04

825 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	36	179	\$ 2,060.01	\$ 11.51	.217	\$ 57.22	\$ 2.50
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	90	1,003.55	11.15	.109	125.44	1.22
AMBULANCES/AIR TRANS	8	90	1,003.55	11.15	.109	125.44	1.22
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.13
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00

OPTICIAN	2	4	40.76	10.19	.005	20.38	.05
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	25	84	910.70	10.84	.102	36.43	1.10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	1	121	246.96	2.04	.147	246.96	.30

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,897
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7	15	\$ 736.61	\$ 49.11	.750	\$ 105.23	\$ 36.83
@PHYSICIANS SERVICES	1	2	\$ 65.79	\$ 32.90	.100	\$ 65.79	\$ 3.29
OUTPATIENT VISITS	1	1	37.50	37.50	.050	37.50	1.88
OFFICE VISITS	1	1	37.50	37.50	.050	37.50	1.88
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	28.29	28.29	.050	28.29	1.41
PRINCIPAL SURGEON	1	1	28.29	28.29	.050	28.29	1.41
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	6	11	\$ 499.06	\$ 45.37	.550	\$ 83.18	\$ 24.95
PRESCRIPTION DRUGS	4	8	290.47	36.31	.400	72.62	14.52
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	4	8	290.47	36.31	.400	72.62	14.52

MEDICAL SUPPLIES	2	3		208.59	69.53	.150	104.30	10.43
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.000		.00
ORAL SURGERY	0	0		.00		.000		.00
DRUGS	0	0		.00		.000		.00
ANESTHESIA	0	0		.00		.000		.00
PERIODONTICS	0	0		.00		.000		.00
ENDODONTICS	0	0		.00		.000		.00
RESTORATIVE DENTISTRY	0	0		.00		.000		.00
PROSTHETICS	0	0		.00		.000		.00
DENTURES, STAYPLATES	0	0		.00		.000		.00
SPACE MAINTAINERS	0	0		.00		.000		.00
MAXILLOFACIAL SERVICES	0	0		.00		.000		.00
FRACTURES, DISLOCATIONS	0	0		.00		.000		.00
ORTHODONTIC SERVICES	0	0		.00		.000		.00
ALL OTHER SERVICES	0	0		.00		.000		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,898

MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04

COLUSA COUNTY      SUMMARY OF SERVICES FOR      SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,899

20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	0	0	.00	.00	.000		.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000		.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000		.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
XO AND OTHERS	0	0	.00	.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	2	\$ 171.76	\$ 85.88	.100		\$ 171.76	\$ 85.88
CLINIC	0	0	.00	.00	.000		.00	.00
SURGICENTER	0	0	.00	.00	.000		.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	1	2	171.76	85.88	.100		171.76	85.88

#CALIF DEPT OF HEALTH SERV  
MOP024  
COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

PAGE 1,900  
01/29/04

20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000		.00	.00
BLOOD BANK	0	0	.00	.00	.000		.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,901
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED	AID CODE 1E	

52 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	78	1,737	\$ 119,034.50	\$ 68.53	33.404	\$ 1526.08	\$ 2289.13
@PHYSICIANS SERVICES	5	12	\$ 44.78	\$ 3.73	.231	\$ 8.96	\$ .86
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	12		44.78		3.73	.231	8.96	.86
@PHARMACY	66	265	\$	14,581.77	\$	55.03	5.096	\$ 220.94	\$ 280.42
PRESCRIPTION DRUGS	66	257		14,325.93		55.74	4.942	217.06	275.50
SNF/ICF	25	109		5,104.91		46.83	2.096	204.20	98.17
OUTPATIENTS	43	148		9,221.02		62.30	2.846	214.44	177.33
MEDICAL SUPPLIES	3	8		255.84		31.98	.154	85.28	4.92
@DENTIST	6	12	\$	406.00	\$	33.83	.231	\$ 67.67	\$ 7.81
VISITS - DIAGNOSTIC	4	4		105.00		26.25	.077	26.25	2.02
ORAL SURGERY	4	6		211.00		35.17	.115	52.75	4.06
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	2	2		90.00		45.00	.038	45.00	1.73
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
COLUSA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED								
						AID CODE 1E			
----- MONTHLY AVERAGE -----									
52 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
VISITS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	0	0		.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
@TOTAL HOSPITAL	7	21	\$	997.99	\$ 47.52	.404	\$ 142.57	\$ 19.19	
HOSP INPATIENT TOTAL	1	4		840.00	210.00	.077	840.00	16.15	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	1	4		840.00	210.00	.077	840.00	16.15	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	

HOSP OUTPATIENT TOTAL	6	17	157.99	9.29	.327	26.33	3.04
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	17	157.99	9.29	.327	26.33	3.04
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,903
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED						AID CODE 1E

52 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	21	\$ 997.99	\$ 47.52	.404	\$ 142.57	\$ 19.19
COMM HOSP INPATIENT TOTAL	1	4	840.00	210.00	.077	840.00	16.15
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	4	840.00	210.00	.077	840.00	16.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	17	157.99	9.29	.327	26.33	3.04
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	17	157.99	9.29	.327	26.33	3.04
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	31	862	\$ 101,672.18	\$ 117.95	16.577	\$ 3279.75	\$ 1955.23
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	31	862	101,672.18	117.95	16.577	3279.75	1955.23
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	5	\$	239.34	\$	47.87	.096	\$	59.84
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00

RURAL HEALTH CLINIC  
#CALIF DEPT OF HEALTH SERV  
MOP024  
COLUSA COUNTY

4 5 239.34 47.87 .096 59.84 4.60  
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

AID CODE 1E  
----- MONTHLY AVERAGE -----  
PAGE 1,904  
01/29/04

52 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	12	560	\$ 1,092.44	\$ 1.95	10.769	\$ 91.04	\$ 21.01
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	12	150.02	12.50	.231	150.02	2.89
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	12	150.02	12.50	.231	150.02	2.89
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	5	79.19	15.84	.096	39.60	1.52
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.89	.89	.019	.89	.02
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	542	862.34	1.59	10.423	107.79	16.58
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	19	584	\$ 2,056.02	\$ 3.52	11.231	\$ 108.21	\$ 39.54

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,905  
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04  
COLUSA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,906  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND      AID CODE 2E

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,907  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND      AID CODE 2E

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04  
COLUSA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.000	.00	.00
BLOOD BANK	0	0		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.000	.00	.00
OTHER TRANS	0	0		.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.000	.00	.00
OPTICIAN	0	0		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000	.00	.00
PROSTHETICS	0	0		.00	.000	.00	.00
ORTHOTICS	0	0		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,909  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04

COLUSA COUNTY      SUMMARY OF SERVICES FOR      CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

						----- MONTHLY AVERAGE -----			
90 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	105	1,897	\$ 29,557.13	\$ 15.58	21.078	\$ 281.50	\$ 328.41		
@PHYSICIANS SERVICES	12	18	\$ 789.43	\$ 43.86	.200	\$ 65.79	\$ 8.77		
OUTPATIENT VISITS	3	4	106.30	26.58	.044	35.43	1.18		
OFFICE VISITS	3	4	106.30	26.58	.044	35.43	1.18		

HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	2		381.80	190.90	.022	381.80	4.24
PRINCIPAL SURGEON	1	2		381.80	190.90	.022	381.80	4.24
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		3.74	3.74	.011	3.74	.04
RADIOLOGY	1	1		25.98	25.98	.011	25.98	.29
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	10		271.61	27.16	.111	38.80	3.02
@PHARMACY	81	285	\$	22,766.91	\$ 79.88	3.167	\$ 281.07	\$ 252.97
PRESCRIPTION DRUGS	81	283		22,747.43	80.38	3.144	280.83	252.75
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	81	283		22,747.43	80.38	3.144	280.83	252.75
MEDICAL SUPPLIES	2	2		19.48	9.74	.022	9.74	.22
@DENTIST	2	5	\$	280.00	\$ 56.00	.056	\$ 140.00	\$ 3.11
VISITS - DIAGNOSTIC	1	2		70.00	35.00	.022	70.00	.78
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	3		210.00	70.00	.033	210.00	2.33
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

PAGE 1,910 01/29/04

90 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	8	\$ 184.06	\$ 23.01	.089	\$ 36.81	\$ 2.05
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.022	47.45	1.05
EYE APPLIANCES	3	6	89.16	14.86	.067	29.72	.99
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	1	4	\$	82.87	\$ 20.72	.044	\$ 82.87	\$ .92
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	9	78	\$	2,041.11	\$ 26.17	.867	\$ 226.79	\$ 22.68
HOSP INPATIENT TOTAL	1	0		840.00	.00	.000	840.00	9.33
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0		840.00	.00	.000	840.00	9.33
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	78		1,201.11	15.40	.867	133.46	13.35
MEDICAL	2	5		275.60	55.12	.056	137.80	3.06
SURGERY	1	1		22.00	22.00	.011	22.00	.24
PATHOLOGY	2	7		80.17	11.45	.078	40.09	.89
RADIOLOGY	1	1		25.06	25.06	.011	25.06	.28
ROOM USE	1	2		174.45	87.23	.022	174.45	1.94
CROSSOVERS/ALL OTH OUTPTNT	9	62		623.83	10.06	.689	69.31	6.93
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,911  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR      CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

90 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	78	\$ 2,041.11	\$ 26.17	.867	\$ 226.79	\$ 22.68
COMM HOSP INPATIENT TOTAL	1	0	840.00	.00	.000	840.00	9.33
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	1	0		840.00	.00	.000	840.00	9.33
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	78		1,201.11	15.40	.867	133.46	13.35
MEDICAL	2	5		275.60	55.12	.056	137.80	3.06
SURGERY	1	1		22.00	22.00	.011	22.00	.24
PATHOLOGY	2	7		80.17	11.45	.078	40.09	.89
RADIOLOGY	1	1		25.06	25.06	.011	25.06	.28
ROOM USE	1	2		174.45	87.23	.022	174.45	1.94
CROSSOVERS/ALL OTH OUTPTNT	9	62		623.83	10.06	.689	69.31	6.93
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	7	\$	188.43	\$ 26.92	.078	\$ 47.11	\$ 2.09
PATHOLOGY	4	7		188.43	26.92	.078	47.11	2.09
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	15	18	\$	925.02	\$ 51.39	.200	\$ 61.67	\$ 10.28
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	15	18		925.02	51.39	.200	61.67	10.28

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,912  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

90 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	23	1,474	\$ 2,299.30	\$ 1.56	16.378	\$ 99.97	\$ 25.55
DURABLE MED. EQUIP.	1	2	580.59	290.30	.022	580.59	6.45
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	42.72	10.68	.044	21.36	.47
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	3		221.49	73.83	.033	110.75	2.46
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	16		150.45	9.40	.178	150.45	1.67
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	18	1,449		1,304.05	.90	16.100	72.45	14.49
@CALIF. CHILDREN SERVICES*	7	1,084	\$	680.12	\$ .63	12.044	\$ 97.16	\$ 7.56
@XOVER EXCLUDING STATE HOSP**	22	108	\$	2,448.91	\$ 22.68	1.200	\$ 111.31	\$ 27.21

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,913
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL	

142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	183	3,634	\$ 148,591.63	\$ 40.89	25.592	\$ 811.98	\$ 1046.42
@PHYSICIANS SERVICES	17	30	\$ 834.21	\$ 27.81	.211	\$ 49.07	\$ 5.87
OUTPATIENT VISITS	3	4	106.30	26.58	.028	35.43	.75
OFFICE VISITS	3	4	106.30	26.58	.028	35.43	.75
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	2	381.80	190.90	.014	381.80	2.69
PRINCIPAL SURGEON	1	2	381.80	190.90	.014	381.80	2.69
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	3.74	3.74	.007	3.74	.03
RADIOLOGY	1	1	25.98	25.98	.007	25.98	.18
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	12	22	316.39	14.38	.155	26.37	2.23
@PHARMACY	147	550	\$ 37,348.68	\$ 67.91	3.873	\$ 254.07	\$ 263.02
PRESCRIPTION DRUGS	147	540	37,073.36	68.65	3.803	252.20	261.08
SNF/ICF	25	109	5,104.91	46.83	.768	204.20	35.95
OUTPATIENTS	124	431	31,968.45	74.17	3.035	257.81	225.13
MEDICAL SUPPLIES	5	10	275.32	27.53	.070	55.06	1.94
@DENTIST	8	17	\$ 686.00	\$ 40.35	.120	\$ 85.75	\$ 4.83
VISITS - DIAGNOSTIC	5	6	175.00	29.17	.042	35.00	1.23
ORAL SURGERY	4	6	211.00	35.17	.042	52.75	1.49

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	2	90.00	45.00	.014	45.00	.63
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	3	210.00	70.00	.021	210.00	1.48
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,914  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 COLUSA COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----

142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	8	\$ 184.06	\$ 23.01	.056	\$ 36.81	\$ 1.30
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.014	47.45	.67
EYE APPLIANCES	3	6	89.16	14.86	.042	29.72	.63
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	1	4	\$ 82.87	\$ 20.72	.028	\$ 82.87	\$ .58
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	16	99	\$ 3,039.10	\$ 30.70	.697	\$ 189.94	\$ 21.40
HOSP INPATIENT TOTAL	2	4	1,680.00	420.00	.028	840.00	11.83
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	4	1,680.00	420.00	.028	840.00	11.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	15	95	1,359.10	14.31	.669	90.61	9.57
MEDICAL	2	5	275.60	55.12	.035	137.80	1.94
SURGERY	1	1	22.00	22.00	.007	22.00	.15
PATHOLOGY	2	7	80.17	11.45	.049	40.09	.56
RADIOLOGY	1	1	25.06	25.06	.007	25.06	.18
ROOM USE	1	2	174.45	87.23	.014	174.45	1.23
CROSSOVERS/ALL OTH OUTPTNT	15	79	781.82	9.90	.556	52.12	5.51
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,915  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----  
142 ELIGIBLES      USERS      UNITS OF SERVICE      EXPENDITURES      AVERAGE COST      UNITS/DAYS      COST PER      COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16	99	\$	3,039.10	\$ 30.70	.697	\$ 189.94	\$ 21.40
COMM HOSP INPATIENT TOTAL	2	4		1,680.00	420.00	.028	840.00	11.83
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	4		1,680.00	420.00	.028	840.00	11.83
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	15	95		1,359.10	14.31	.669	90.61	9.57
MEDICAL	2	5		275.60	55.12	.035	137.80	1.94
SURGERY	1	1		22.00	22.00	.007	22.00	.15
PATHOLOGY	2	7		80.17	11.45	.049	40.09	.56
RADIOLOGY	1	1		25.06	25.06	.007	25.06	.18
ROOM USE	1	2		174.45	87.23	.014	174.45	1.23
CROSSOVERS/ALL OTH OUTPTNT	15	79		781.82	9.90	.556	52.12	5.51
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	31	862	\$	101,672.18	\$ 117.95	6.070	\$ 3279.75	\$ 716.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	31	862		101,672.18	117.95	6.070	3279.75	716.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	7	\$	188.43	\$ 26.92	.049	\$ 47.11	\$ 1.33
PATHOLOGY	4	7		188.43	26.92	.049	47.11	1.33
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	19	23	\$	1,164.36	\$ 50.62	.162	\$ 61.28	\$ 8.20
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	19	23		1,164.36	50.62	.162	61.28	8.20

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,916  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

	142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	35		2,034	\$ 3,391.74	\$ 1.67	14.324	\$ 96.91	\$ 23.89
DURABLE MED. EQUIP.	1		2	580.59	290.30	.014	580.59	4.09
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1		12	150.02	12.50	.085	150.02	1.06
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00	.00
OTHER TRANS	0		0	.00	.00	.000	.00	.00

OTHER SERVICES	1	12	150.02	12.50	.085	150.02	1.06
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	9	121.91	13.55	.063	30.48	.86
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.89	.89	.007	.89	.01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	3	221.49	73.83	.021	110.75	1.56
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	16	150.45	9.40	.113	150.45	1.06
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	26	1,991	2,166.39	1.09	14.021	83.32	15.26
@CALIF. CHILDREN SERVICES*	7	1,084	\$ 680.12	\$ .63	7.634	\$ 97.16	\$ 4.79
@XOVER EXCLUDING STATE HOSP**	41	692	\$ 4,504.93	\$ 6.51	4.873	\$ 109.88	\$ 31.72

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,917
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	TOTAL CERTIFIED	

52,096 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	27,309	367,874	\$ 12,269,320.21	\$ 33.35	7.061	\$ 449.28	\$ 235.51
@PHYSICIANS SERVICES	7,009	20,354	\$ 912,725.22	\$ 44.84	.391	\$ 130.22	\$ 17.52
OUTPATIENT VISITS	4,082	5,739	216,201.61	37.67	.110	52.96	4.15
OFFICE VISITS	3,138	4,281	129,122.20	30.16	.082	41.15	2.48
HOME VISITS	14	17	680.90	40.05	.000	48.64	.01
EMERGENCY ROOM	655	851	44,774.53	52.61	.016	68.36	.86
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	300	425	36,669.33	86.28	.008	122.23	.70
OTHER OUTPATIENT	145	165	4,954.65	30.03	.003	34.17	.10
INPATIENT VISITS	455	2,150	128,092.98	59.58	.041	281.52	2.46
HOSPITAL VISITS	444	1,757	74,747.48	42.54	.034	168.35	1.43
CRITICAL CARE	45	387	53,191.10	137.44	.007	1182.02	1.02
SNF/ICF/TRANS IP CARE	3	6	154.40	25.73	.000	51.47	.00
OPHTHALMOLOGICAL SERVICES	124	149	6,945.43	46.61	.003	56.01	.13
EXAMINATIONS	124	149	6,945.43	46.61	.003	56.01	.13
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	374	1,284	266,161.20	207.29	.025	711.66	5.11
PRINCIPAL SURGEON	286	343	236,260.76	688.81	.007	826.09	4.54
ASSISTANT SURGEON	57	57	9,840.58	172.64	.001	172.64	.19
ANESTHESIOLOGIST	88	884	20,059.86	22.69	.017	227.95	.39
OUTPATIENT SURGERY	631	1,605	101,024.20	62.94	.031	160.10	1.94
PRINCIPAL SURGEON	511	763	78,997.33	103.54	.015	154.59	1.52
ASSISTANT SURGEON	12	12	1,547.14	128.93	.000	128.93	.03
ANESTHESIOLOGIST	137	830	20,479.73	24.67	.016	149.49	.39
DIALYSIS	37	266	9,259.97	34.81	.005	250.27	.18
PATHOLOGY	875	1,569	11,887.36	7.58	.030	13.59	.23
RADIOLOGY	689	1,435	60,846.99	42.40	.028	88.31	1.17
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	108	810		17,309.96		21.37	.016	160.28	.33
OTHER SERVICES/ALL X-OVERS	1,853	5,347		94,995.52		17.77	.103	51.27	1.82
@PHARMACY	16,447	108,327	\$	3,613,552.13	\$	33.36	2.079	\$ 219.71	\$ 69.36
PRESCRIPTION DRUGS	16,249	49,726		3,518,459.35		70.76	.955	216.53	67.54
SNF/ICF	589	4,019		219,610.52		54.64	.077	372.85	4.22
OUTPATIENTS	15,674	45,707		3,298,848.83		72.17	.877	210.47	63.32
MEDICAL SUPPLIES	966	58,601		95,092.78		1.62	1.125	98.44	1.83
@DENTIST	1,337	6,401	\$	243,112.75	\$	37.98	.123	\$ 181.83	\$ 4.67
VISITS - DIAGNOSTIC	838	3,806		51,811.50		13.61	.073	61.83	.99
ORAL SURGERY	186	452		24,892.00		55.07	.009	133.83	.48
DRUGS	33	33		700.00		21.21	.001	21.21	.01
ANESTHESIA	15	16		1,600.00		100.00	.000	106.67	.03
PERIODONTICS	50	55		8,257.00		150.13	.001	165.14	.16
ENDODONTICS	96	210		23,189.00		110.42	.004	241.55	.45
RESTORATIVE DENTISTRY	476	1,467		90,321.25		61.57	.028	189.75	1.73
PROSTHETICS	3	3		90.00		30.00	.000	30.00	.00
DENTURES, STAYPLATES	65	150		23,901.00		159.34	.003	367.71	.46
SPACE MAINTAINERS	9	11		1,160.00		105.45	.000	128.89	.02
MAXILLOFACIAL SERVICES	9	9		436.00		48.44	.000	48.44	.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	128	169		16,305.00		96.48	.003	127.38	.31
ALL OTHER SERVICES	24	20		450.00		22.50	.000	18.75	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 1,918
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR TOTAL CERTIFIED								

52,096 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE			
@OPTOMETRIST	435	1,124	\$ 25,092.27	\$ 22.32	.022	\$ 57.68	\$ .48	
DIAGNOSTIC AND ANC. PROCED	229	231	10,548.49	45.66	.004	46.06	.20	
EYE APPLIANCES	306	849	13,452.55	15.85	.016	43.96	.26	
OTHER OPTOMETRIC SERVICES	32	44	1,091.23	24.80	.001	34.10	.02	
@CHIROPRACTOR	21	35	\$ 524.38	\$ 14.98	.001	\$ 24.97	\$ .01	
VISITS	14	23	372.02	16.17	.000	26.57	.01	
OTHER SERVICES	7	12	152.36	12.70	.000	21.77	.00	
@PODIATRIST	189	283	\$ 2,714.85	\$ 9.59	.005	\$ 14.36	\$ .05	
MEDICINE/INJECTIONS	11	14	390.35	27.88	.000	35.49	.01	
SURGERY/ANES.	7	8	213.29	26.66	.000	30.47	.00	
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00	
OTHER	172	259	2,076.61	8.02	.005	12.07	.04	
@HOME HEALTH AGENCY	254	2,262	\$ 84,588.92	\$ 37.40	.043	\$ 333.03	\$ 1.62	
NURSE ANESTHESIST	129	678	\$ 12,637.96	\$ 18.64	.013	\$ 97.97	\$ .24	
NURSE MIDWIFE	4	11	2,025.96	184.18	.000	506.49	.04	
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 208.49	\$ 208.49	.000	\$ 208.49	\$ .00	
FAMILY NURSE PRACTITIONER	4	10	\$ 171.96	\$ 17.20	.000	\$ 42.99	\$ .00	
@TOTAL HOSPITAL	6,420	28,092	\$ 3,627,183.33	\$ 129.12	.539	\$ 564.98	\$ 69.62	
HOSP INPATIENT TOTAL	558	2,600	3,036,883.36	1168.03	.050	5442.44	58.29	
HSC HOSPITALS	74	770	981,836.38	1275.11	.015	13268.06	18.85	
NON-HSC HOSPITAL TOTAL	380	1,411	1,968,804.62	1395.33	.027	5181.06	37.79	
ACCOMMODATIONS	380	1,411	494,166.19	350.22	.027	1300.44	9.49	
ADMINISTRATIVE DAYS	4	34	7,640.79	224.73	.001	1910.20	.15	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	377	1,377	486,525.40	353.32	.026	1290.52	9.34	
ANCILLARIES	378	0	1,474,638.43	.00	.000	3901.16	28.31	
INPATIENT CROSSOVERS	110	419	86,242.36	205.83	.008	784.02	1.66	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	6,137	25,492	590,299.97	23.16	.489	96.19	11.33	
MEDICAL	738	1,105	44,066.62	39.88	.021	59.71	.85	
SURGERY	349	375	17,608.86	46.96	.007	50.46	.34	
PATHOLOGY	2,868	8,097	87,268.89	10.78	.155	30.43	1.68	

RADIOLOGY	1,713	2,661		137,221.47	51.57	.051	80.11	2.63
ROOM USE	2,748	3,693		164,686.36	44.59	.071	59.93	3.16
CROSSOVERS/ALL OTH OUTPTNT	2,954	9,561		139,447.77	14.59	.184	47.21	2.68
@COUNTY HOSPITAL TOTAL	19	141	\$	69,180.07	\$ 490.64	.003	\$ 3641.06	\$ 1.33
CO HOSPITAL INPATIENT TOTAL	5	77		66,951.72	869.50	.001	13390.34	1.29
HSC HOSPITALS	4	38		45,871.35	1207.14	.001	11467.84	.88
NON-HSC HOSPITALS TOTAL	1	21		20,240.37	963.83	.000	20240.37	.39
ACCOMMODATIONS	1	21		4,857.30	231.30	.000	4857.30	.09
ADMINISTRATIVE DAYS	1	21		4,857.30	231.30	.000	4857.30	.09
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	1	0		15,383.07	.00	.000	15383.07	.30
INPATIENT CROSSOVERS	1	18		840.00	46.67	.000	840.00	.02
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	15	64		2,228.35	34.82	.001	148.56	.04
MEDICAL	2	2		99.32	49.66	.000	49.66	.00

SURGERY	4	7	185.27	26.47	.000	46.32	.00
PATHOLOGY	4	16	322.69	20.17	.000	80.67	.01
RADIOLOGY	1	1	143.29	143.29	.000	143.29	.00
ROOM USE	9	17	697.65	41.04	.000	77.52	.01
CROSSOVERS/ALL OTH OUTPTNT	11	21	780.13	37.15	.000	70.92	.01

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,919  
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COLUSA COUNTY      SUMMARY OF SERVICES FOR      TOTAL CERTIFIED

52,096 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	PER ELIG		
@COMMUNITY HOSPITAL TOTAL	6,404	27,951	\$ 3,558,003.26	\$ 127.29	.537	\$ 555.59	\$ 68.30	
COMM HOSP INPATIENT TOTAL	554	2,523	2,969,931.64	1177.14	.048	5360.89	57.01	
HSC HOSPITALS	70	732	935,965.03	1278.64	.014	13370.93	17.97	
NON-HSC HOSPITALS TOTAL	379	1,390	1,948,564.25	1401.84	.027	5141.33	37.40	
ACCOMMODATIONS	379	1,390	489,308.89	352.02	.027	1291.05	9.39	
ADMINISTRATIVE DAYS	3	13	2,783.49	214.11	.000	927.83	.05	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	377	1,377	486,525.40	353.32	.026	1290.52	9.34	
ANCILLARIES	377	0	1,459,255.36	.00	.000	3870.70	28.01	
INPATIENT CROSSOVERS	109	401	85,402.36	212.97	.008	783.51	1.64	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	6,123	25,428	588,071.62	23.13	.488	96.04	11.29	
MEDICAL	736	1,103	43,967.30	39.86	.021	59.74	.84	
SURGERY	345	368	17,423.59	47.35	.007	50.50	.33	
PATHOLOGY	2,864	8,081	86,946.20	10.76	.155	30.36	1.67	
RADIOLOGY	1,712	2,660	137,078.18	51.53	.051	80.07	2.63	
ROOM USE	2,739	3,676	163,988.71	44.61	.071	59.87	3.15	
CROSSOVERS/ALL OTH OUTPTNT	2,944	9,540	138,667.64	14.54	.183	47.10	2.66	
@STATE HOSPITAL	7	212	\$ 82,723.49	\$ 390.21	.004	\$ 11817.64	\$ 1.59	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	7	212	82,723.49	390.21	.004	11817.64	1.59	
@NURSING FACILITY	600	17,871	\$ 1,802,410.74	\$ 100.86	.343	\$ 3004.02	\$ 34.60	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	32	1,064	113,999.07	107.14	.020	3562.47	2.19	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	568	16,807	1,688,411.67	100.46	.323	2972.56	32.41	
@INTERMEDIATE CARE FACIL.-DD	23	765	\$ 122,536.97	\$ 160.18	.015	\$ 5327.69	\$ 2.35	
ICF DDH	13	366	54,594.22	149.16	.007	4199.56	1.05	
ICF DD	1	22	2,834.92	128.86	.000	2834.92	.05	
ICF DDN/DDCN	9	377	65,107.83	172.70	.007	7234.20	1.25	
@HEMODIALYSIS TOTAL	139	2,730	\$ 119,368.94	\$ 43.72	.052	\$ 858.77	\$ 2.29	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	139	2,730	119,368.94	43.72	.052	858.77	2.29	
@REHABILITATION FACILITY	9	87	\$ 2,124.91	\$ 24.42	.002	\$ 236.10	\$ .04	
HOSPITAL BASED	8	76	1,949.14	25.65	.001	243.64	.04	
INDEPENDENT FACILITY	1	11	175.77	15.98	.000	175.77	.00	
@LABORATORY FACILITY	1,843	5,699	\$ 90,579.19	\$ 15.89	.109	\$ 49.15	\$ 1.74	
PATHOLOGY	1,833	5,686	90,475.02	15.91	.109	49.36	1.74	
XO AND OTHERS	10	13	104.17	8.01	.000	10.42	.00	
@ORGANIZED OUTPATIENT CLINIC	7,674	12,317	\$ 979,584.94	\$ 79.53	.236	\$ 127.65	\$ 18.80	
CLINIC	170	483	20,720.22	42.90	.009	121.88	.40	
SURGICENTER	69	350	14,914.36	42.61	.007	216.15	.29	
HEROIN DETOX CLINIC	1	20	231.69	11.58	.000	231.69	.00	
RURAL HEALTH CLINIC	7,480	11,464	943,718.67	82.32	.220	126.17	18.11	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 1,920  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
COLUSA COUNTY      SUMMARY OF SERVICES FOR      TOTAL CERTIFIED

52,096 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,930	160,615	\$ 545,452.81	\$ 3.40	3.083	\$ 186.16	\$ 10.47
DURABLE MED. EQUIP.	202	467	128,992.57	276.22	.009	638.58	2.48
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	44	74	16,374.52	221.28	.001	372.15	.31
MEDICAL TRANSPORTATION	473	34,467	200,788.13	5.83	.662	424.50	3.85
AMBULANCES/AIR TRANS	303	5,235	66,635.42	12.73	.100	219.92	1.28
OTHER TRANS	101	26,772	69,809.21	2.61	.514	691.18	1.34
OTHER SERVICES	108	2,460	64,343.50	26.16	.047	595.77	1.24
ACUPUNCTURE	2	8	129.76	16.22	.000	64.88	.00
ADULT DAY HEALTH CARE CTR	0	0	20.30	.00	.000	.00	.00
GENETIC DISEASE TESTING	107	107	11,108.50	103.82	.002	103.82	.21
IHMC,MODEL-NF,NF,AIDS,MSSP	6	18	2,353.25	130.74	.000	392.21	.05
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	447	969	11,017.89	11.37	.019	24.65	.21
PHYSICAL THERAPIST	3	7	127.66	18.24	.000	42.55	.00
PORTABLE X-RAY	20	37	30.89	.83	.001	1.54	.00
PROSTHETIST/ORTHOTISTS	39	100	7,652.58	76.53	.002	196.22	.15
PROSTHETICS	35	66	3,388.10	51.33	.001	96.80	.07
ORTHOTICS	4	34	4,264.48	125.43	.001	1066.12	.08
PSYCHOLOGIST	1	4	75.97	18.99	.000	75.97	.00
SPEECH AND AUDIOLOGY	70	231	10,722.85	46.42	.004	153.18	.21
HOSPICE SERVICES	2	38	4,591.38	120.83	.001	2295.69	.09
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	754	18,465	75,987.57	4.12	.354	100.78	1.46
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	897	105,623	75,478.99	.71	2.027	84.15	1.45
@CALIF. CHILDREN SERVICES*	250	3,799	\$ 574,181.83	\$ 151.14	.073	\$ 2296.73	\$ 11.02
@XOVER EXCLUDING STATE HOSP**	2,880	33,710	\$ 382,078.69	\$ 11.33	.647	\$ 132.67	\$ 7.33

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 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.